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The Experience of Videoconferencing and Face-to Face Counselling from an Older Client's Perspective

An Interpretive Phenomenological Analysis (IPA) Study

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The Experience of Videoconferencing and Face-to Face Counselling from an Older Client's Perspective: An Interpretive Phenomenological Analysis (IPA) Study

by

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Abstract

This thesis focuses on the experiences of videoconferencing and face-to-face counselling of clients ages 60 or older. Using qualitative methodology to provide insight into their accounts, it aims to enhance existing research in this area through the use of Interpretative Phenomenological Analysis (IPA). The phenomenological and interpretive nature of this methodology allows for an in-depth look into individual perspectives in engaging with a therapist via both videoconferencing and in-person from within and on the periphery of the session itself. Data was collected through semi-structured interviews and were carried out with five individuals (who were therapists-as-clients). These individuals have had at least six sessions of therapy with a minimum of at least one session conducted via videoconferencing technology, in this case using Skype (2017) video-chat internet technology. Transcripts of the interviews were analysed using IPA. Analysis of the interviews yielded four superordinate themes. These were *the salience of the physical space*, suggesting that physical space remains important in videoconferencing therapy; *resourcing the ending process*, which indicates that both therapeutic modalities raise specific issues regarding how endings are managed. The *relationship with the medium as a dynamic process* emphasises that participants were able to work with videoconferencing technology despite having initial doubt. The fourth theme, *the therapeutic relationship transcends the medium* suggests that regardless of modality, it is the therapeutic relationship is of paramount importance. Implications of these themes are discussed both in terms of the theoretical understanding of older clients' experiences of therapy and in terms of therapeutic practice.

Contents

1. Acknowledgements

I would like to thank all of the kind and thoughtful individuals who have supported me throughout this entire research project. The first thank you goes to my supervisory team, Dr Paul Dickerson and Dr Rachel Darnley-Smith, whose continued guidance, support and confidence in me have pushed me to an academic level higher than I have thought possible. I would also like to thank my family and friends for keeping me motivated through what we have together called this marathon of a project.

Last but most certainly not least I will forever be in the debt of the participants who courteously donated their own valuable time to share their experiences for this research project. A warm and heartfelt thanks to you all.

I would like to dedicate this thesis to those who have not had the opportunity to speak, who feel they are unable to access therapy and attend in person, while only being able to do so at a distance. As we learn more about what bridges the gap between therapy in person and at a distance, it is hoped that you all can receive therapy in the best manner possible.

2. Introduction

This research seeks to explore the experiences of clients ages 60 or older of their time in therapy. It will explore their experiences of therapy utilising both the videoconferencing medium and when they sit in a room, face-to-face with their therapist. One could assume that this introduction would begin discussing the perceived effectiveness of videoconferencing and face-to-face media as it pertains to older clients with statistics (Andrews & Williams, 2014). There has been a longstanding idea that videoconferencing counselling is the way of the future in the field of psychology and counselling psychology in particular (Sampson, Kolodinsky & Greeno, 1997; Mallen, Vogel, Rochlen, & Day, 2005; Barak, Hen, Boniel-Nissim, & Shapira, 2008). However, much of this research is based in the United States, and here in the United Kingdom, there may be some hesitancy in administering psychotherapy via the computer, particularly to older clients (Dryden, Mearns, & Thorne, 2000).

Understanding that a medium's effectiveness might be highly cited in response to videoconferencing counselling (Yuen, Goetter, Herbert & Forman, 2012) and that there may be a lack of comprehensive understanding of older clients' experiences in comparing videoconferencing counselling as well as face-to-face, this research is positioned not from a statistical perspective, but a phenomenological one. Drawing on a phenomenological perspective, the lived experiences of clients ages 60 or older will be presented (Larkin, Watts & Clifton, 2006), such that justice is done to their subjective realities.

2.1 Researcher's reflections

Though this research will be discussed in the third-person, subsections 2.1 to 2.3 aim to use the first person in order to speak directly to the reader to provide a necessary reflexive element that can be appropriate when engaging in qualitative research (Berger, 2015).

I view myself both as an 'outsider' (Dwyer & Buckle, 2009) in this research but also consider myself simultaneously an 'insider' (Hayfield & Huxley, 2015) through personal experiences in videoconferencing counselling in my life. As an insider, I feel potentially similar to other clients who might perceive engaging with videoconferencing technology (such as the Skype video-chat technology) in counselling as difficult, or perhaps having the same fears of I do. Some of these fears include being cut off from the therapist in sessions and not getting as much out of the session as one would if he or she was with the therapist in person. These may be themes that are universal to the person regardless of one's age or where he or she may have lived. I have had some experience of engaging in counselling via Skype, and while it was done due to a matter of convenience for myself and my therapist, it did not stop me from experiencing certain feelings. The feelings range from trepidation over whether counselling through a computer would actually enable me to feel heard or even having relief that I did not have to travel a great distance to attend my therapy session. More of my personal experience will be covered in subsection 2.3.

I have asked myself on multiple occasions how these experiences on Skype have compared to my time seeing a therapist face-to-face. I have talked to my own grandmother about her having feelings of uncertainty in being able to use Skype or whether she would be able to feel trust to the same degree on Skype compared to face-to-face when talking to a friend, family member or even therapist.

In addition to an insider perspective, I acknowledge that I feel like an outsider to the participants of my study. I am an outsider to their specific experiences and situations, which may impact the way I engage with them in interviews and how they might engage with me. I also feel like an outsider as an American myself, living abroad here in the UK, and the fact that I will be interviewing clients who have had therapy here. This may contribute to an understanding or expectation that my experience of counselling is different than that of my participants (Constantine & Kwan, 2003).

I believe that having an understanding both as an insider and outsider perspective and the position I hold as a researcher being much younger than my participants might evoke certain thoughts or feelings from the participants of this study. As this subsection of the thesis is being written before the collection of data, I am interested in seeing how I am also received by these participants. I will be using my counselling psychology training at Roehampton, particularly my person-centred skills that require the intense use of active listening and a non-judgemental demeanour (Rogers, 1961) in addition to showing participants courtesy and respect to aid in getting the most in-depth information during interviews (Bahn & Weatherhill, 2013).

Considering these insider and outsider perspectives, having had therapy before but also seeming unclear as to whether counselling through a medium like Skype would prove worthwhile therapeutically while seeming challenging are key motivations that led me to pursue this research topic and to work with this particular age group.

2.2 As a counselling psychologist in training working with clients online and offline – a reflective practice

I have been influenced by extensive training in three different modalities at Roehampton University, including person-centred, psychodynamic and cognitive-behavioural therapies. Despite understanding that these different therapeutic techniques could influence my work in the field of counselling psychology (Varlami & Bayne, 2007), I have found that important aspects in working with clients in this field and simply being with people is listening attentively, being non-judgmental and allowing space for the person to think and express thoughts, feelings and emotions (Tolan & Cameron, 2016). This does not appear to be much different for when engaging with clients online (Abbott, Klein, & Ciechomski, 2007).

The field of counselling psychology is growing and it seems that counselling psychologists' workplaces are extending beyond the physical room and into the realm of computers and the internet (Chester & Glass, 2006). This seems to be a practice in the UK that has been in place for at least the last decade (Vincent, Barnett, Killpack, Sehgal & Swinden, 2017). The National Institute for Health and Clinical Excellence (NICE) in 2006 released practical and ethical guidelines on

administering computerised therapy to clients experiencing issues of depression and anxiety. It is thus one of my intentions in this research to raise awareness of the potential that counselling psychologists can contribute to the field of online therapy, and specifically to videoconferencing therapy. I feel that is important that the field of counselling psychology gain an in-depth understanding as to what it is like for clients to experience and possibly transition from face-to-face to videoconferencing counselling.

2.3 Developing research questions – a reflective practice

Whether I have myself used videoconferencing (specifically Skype) to talk to a friend or my therapist, I have been acutely aware of this being far from a neutral medium that merely substitutes face-to-face interaction. In the case of my previous therapist, when I talked to him in person, I felt listened to, heard and acknowledged. This was reinforced by my therapist's body movements, eye contact and specific language in which he would gently paraphrase my thoughts back to me. Knowing that we were in the same room and sharing the same space gave me a sense of comfort.

But due to unforeseen circumstances, my therapist had to move locations, and wanted to continue to see me, though via videoconferencing and on Skype. My immediate feelings were abandonment, frustration and anger. I found myself asking the following questions: was this therapist even considering me? How would our relationship continue to grow, or would it? What would my first experience working with him on Skype be like? I felt quite worried about how our relationship might

change, and it has been suggested that regardless of age, a change in relationship when engaging with a therapist online after meeting him or her face-to-face can change the course of your therapeutic work (Mora, Nevid, & Chaplin, 2008).

When reflecting on my own experience and having informal conversations with my grandmother about what it might be like to engage on a videoconferencing medium like Skype in therapy, I gained even more interest in researching this medium of therapy and contrasting it with face-to-face work. Following initial research and scanning literature on online therapy and therapeutic work with older clients, it led me to think about potential research questions that ask about the therapeutic relationship between client and therapist on and offline. Nonetheless, it seems in IPA research, research questions can be revised after data collection (Smith, 2011) and do not necessarily need to be addressed after a literature review. It has been helpful though to look through the literature, combined with my own personal experiences to think about the kinds of questions to ask in this research.

3. Literature Review

3.1 Overview

A literature review can be seen as an integral part of the research process. Harding (2013) emphasises that a literature review can serve two purposes: to demonstrate that the research being conducted by the researcher is building on topics, methods and theories frequently used in the subject discipline, and to demonstrate that the research being carried out is building on previous studies. Furthermore, Henn, Weinstein and Foard (2009) suggest that the review should address the following questions:

1. What research has been carried out which is relevant to the researcher's study?
2. What were the main conclusions to be drawn from the previous research?
3. What were the methods employed by previous research?
4. In which ways (conclusions and methods) are previous studies similar?
5. In which ways (conclusions and methods) are previous studies different?
6. Where are there gaps in knowledge?

Taking these literature review questions into account, the examination of the literature and subsequent literature review chapter will include subsections in which a funnel process (Forrester, 2012) was used to move from general to more specific areas. Specifically, it will begin by looking into online therapy and filtering down into the more specific topics along with comparative literature of the videoconferencing and face-to-face media.

Thus, the following subsections of the literature review are as follows: an overview of online therapy including important terminology, definitions and practice. The next subsection will discuss the implications and debate surrounding online therapy, followed by a review the variety of media used within online therapy and how counselling psychology has been studied within them. The literature review then will specifically focus on counselling within the older population. The final subsection will become even more specific with a subsection featuring relevant literature that compares the videoconferencing and face-to-face media within different populations. The literature review will encompass other research that relates to this study, while identifying gaps in both previous research and literature. Research questions derived from the literature review will be offered at the end of this section.

The researcher accessed literature through online databases including *PsycInfo* and *Web of Science*. Through consultation and training with Roehampton library literary search staff, the researcher specifically searched (Atkinson, Koenka, Sanchez, Moshontz & Cooper, 2015) in these databases to access literature using Boolean search terms. These terms included 'psychotherapy OR therapy OR counselling AND face-to-face' AND 'videoconferencing OR 'skype', 'psychotherapy OR therapy OR counselling' AND face-to-face AND videoconferencing OR skype', 'videoconferencing AND counselling', 'older AND clients AND counselling'. Additionally, the researcher needed to access literature review sources, such as books via libraries outside Roehampton, including the Senate House Library and the British Library. A systematic literature review (Fink,

2014) was also conducted in order to scan for relevant literature, eliminate literature that was deemed irrelevant (with exclusion reasons) and to provide an overall sense of clarity, order and process to the review (Booth, Sutton & Papaioannou, 2016).

3.2 Online therapy: definitions and practice

As an introduction to the literature review, this opening section provides a brief overview of the history, terms and practice definitions that relate to the online therapy medium.

Throughout past decades, mental health practitioners have attempted to overcome geographical distance in order to communicate with their clients with the technology available at the time, such as by letter writing (Davidson & Birmingham, 2001), telephone counselling (Lester, 1995; Rosenfield, 1997), and through online technology such as email (Robinson & Serfaty, 2001; Castelnuovo, Gaggioli, & Riva, 2001). The use of videoconferencing for psychotherapy goes as far back as being conducted for group work in 1961 (Wittson, Affleck, & Johnson, 1961). Since this point, there has been a gradual growth in the use of videoconferencing technology for therapeutic purposes, with much of this development taking place in western countries such as the United Kingdom, United States, Australia and Norway (Simpson, 2009). The internet has gained importance as an alternative way to deliver psychological treatments (Berger, 2017), and studies on psychological treatment delivered online have largely been conducted using randomised controlled trials (RCTs) and included pre and post-treatment measurements (Andersson &

Cuijpers, 2009; Andersson, Cuijpers, Carlbring, Riper, & Hedman, 2014; Barak et al, 2008).

Numerous terms have been applied to label and describe activities conducted over the internet for physical and mental health purposes, with some of these terms including web-based therapy, e-therapy, cybertherapy, telehealth, telepsychology and online therapy (or counselling) (Barak, Klein, & Proudfoot, 2009). It has been noted (Lee, 2016) that in the past through to the present, the terms therapy and counselling have been used interchangeably in literature and by practicing professionals to describe online and offline therapy.

For the purposes and relevance of this research, while the above terms are acknowledged, the terms that will be prevalently referred to include online therapy or counselling, as the other terms tend to include other physical health interventions rather than specific, psychotherapeutic based interventions (Eccleston, et al, 2012). Throughout much of the literature search process, relevant studies appeared as a result of using online therapy and counselling terminology, though the term telepsychology certainly appeared as a result of searches, though not as frequently.

The definition of online therapy and counselling has been updated over past and recent history (Campos, 2009). Rochlen, Zack and Speyer (2004) have defined online counselling as:

"Any type of professional therapeutic interaction that makes the use of the Internet to connect mental health professionals and their clients" and an online

therapist as *"any qualified mental health professional who is using the Internet as a medium for practice."*

Moving into recent years, Richards and Vigano (2013) have defined online counselling in a slightly more specific light, defining it as: *the delivery of therapeutic interventions in cyberspace where the communication between a trained professional counsellor and client(s) is facilitated using computer-mediated communication (CMC) technologies, provided as a stand-alone service or as an adjunct to other therapeutic interventions*.

Despite these seemingly straightforward definitions, as the aforementioned definitions seem to suggest, others (Amichai-Hamburger, Klomek, Friedman, Zuckerman, & Sherman, 2014; Finn & Barak, 2010) note that the definitions of online therapy and counselling are still in flux and a source of debate. However, what does not appear up for debate is that different types of media are used to constitute online therapy.

Email therapy has been defined as "asynchronous", meaning that communication does not take place in real time (Stofle, 2001), which is unlike synchronous therapy, allows for a more spontaneous and immediate interaction as the therapist may provide a timely answer immediately after the client speaks. This in turn gives a present feeling allowing for the therapist and client to catch significant cues of interaction (e.g., pauses and delays) (Cipolletta, Frassoni, & Faccio, 2017). While the majority of online therapy in recent times takes place via email (Richards & Timulak, 2013; Chester & Glass, 2006; Heinlin, Welfel,

Richmond, & Rak, 2003), online therapy can extend beyond email with some therapists using full-service websites that provide interactions via instant messaging (Koocher & Morray, 2000). However, using the email medium, while providing a sense of convenience for therapist and client (Murphy, MacFadden, & Mitchell, 2008), is asynchronous and does not provide live interaction with clients.

There are chat-based online services, often shortened to web chat in pronunciation (Dowling & Rickwood, 2013), which have been provided by organisations past and present to provide a synchronous environment for therapists to interact with clients. Chat-based therapy has been defined as therapy that enables simultaneous communication between client and therapist through the use of text-based, instant-messaging platforms (Young, 2005). Some of the services used for this type of online therapy in the past has included Microsoft Service Network (MSN), American Online (AOL) and Internet Chat Query (ICQ) instant messaging services which therapists have been cited as using (Barak et al, 2009). It is interesting to note how the online therapy counselling media has been discussed thus far, and for videoconferencing therapy, which takes place via a computer screen. One might wonder about the use and integration of mobile phones in therapeutic work, considering that they are widely used in society today (Bruehlman-Senecal, Aguilera & Schueller, 2017). Preziosa, Grassi, Giaggioli and Riva (2009) (as cited in Goss & Anthony, 2009) note that literature reviewed on the use of mobile phones by therapists is very much limited to its application in pre-treatment assessment and post-treatment support of clients rather than direct delivery of interventions designed to be of benefit.

Goss and Anthony (2009) identify a dearth of research concerning the use of mobile phones in therapeutic interventions. One consequence of this lack of research into the therapeutic potential of mobile phones is that crucial questions – such as whether their accessibility and familiarity outweigh their physical limitations – remain unaddressed. While these issues go beyond the scope of this research, the aspects of Goss and Anthony's (2009) research that include restrictions technology places on therapeutic intervention have had a direct impact on the current research. Specifically, Goss and Anthony's (2009) attention to the therapeutic consequences of physical constraints provided inspiration for some of the questions that were asked in interviews, as there was interest concerning how these might intersect with important aspects of therapeutic interaction such as establishing and maintaining eye contact.

Within the online therapy realm, synchronous real-time online therapy using video chat-based interfaces (e.g. Skype, VSee, WeCounsel and ReGroup Therapy) are less studied, with less empirical support compared to email or text-based services (Yuen et al, 2012). This mode of conducting online therapy can be defined as synchronous, real-time video chat interfaces that allows for both video and auditory information to be shared concurrently across geographical distances (Backhaus et al, 2012). Furthermore, the lack of videoconferencing counselling literature in comparison to other online therapy media serves to underscore the importance of researching the increasingly prevalent videoconferencing aspect of online therapy. For the purposes of this literature review and for this research project, out of the

aforementioned definitions and aspects of online therapy, the videoconferencing therapy and counselling medium and definition will be referred to in greater detail.

3.3 Online therapy: Implications and debate

As the terms and definitions in the previous subsection suggest, online therapy is not without its complexities and uncertainties. This subsection will highlight a debate in the existing literature as it relates to online therapy. It will touch on the debate associated with different media in the online therapy spectrum. For the purposes and relevancy of this research project, more discussion will be devoted to videoconferencing.

The debate can be seen through the work of Rochlen, Zack and Speyer (2004), who note that the integration of technology with psychotherapy practice has been a vigorously debated topic among mental health professionals. For counselling psychologists, Sanchez-Page (2005) notes that for at least the last decade, they have been well-suited to provide online counselling. This is despite needing to have a cautious hesitancy to provide it as a primary counselling tool until future studies are conducted. Although there has been a growth in therapy delivered via websites, email and videoconferencing technology (Aguilera, 2015), there appears to be concern among mental health practitioners globally in working with online therapy media (McMinn, Bearse, Heyne, SmithBerger & Erb, 2011).

This concern and debate pertains specifically to videoconferencing technology within two aspects. The first aspect is legal, which can involve whether a therapist and client feel it is a safe, encrypted environment, which involves

approval by an ethical governing body. In the United States for example, the Health Insurance Portability and Accountability Act (HIPAA) is designed to provide privacy standards to provide privacy standards to protect clients' medical records and other health information provided to health plans, doctors and mental health professionals (MedicineNet, 2016). There appears to be a specific case against the Skype technology in particular. As Watzlaf, Moeini, Matusow and Firouzan (2011) and Zur (2012) suggest, while Skype's encryption levels that prevent unauthorised access to conversations on the platform have been adequate, in the United States, it is not HIPAA compliant.

In the UK context, organisations including the British Psychological Society (BPS) British Association for Counselling and Psychotherapy (BACP) and United Kingdom Council for Psychotherapy (UKCP) have produced recommendations for privacy issues for videoconferencing technology such as Skype, however, there has been limited legislative measures arising from these recommendations (Weitz, 2015). Understanding encryption level adequacy and compliance abroad to here in the United Kingdom, it is not evident that as of today, despite cautious recommendations, counselling organisations cite an overseeing ethical body that prevents the use of Skype by qualified mental health practitioners (Weitz, 2015). Whilst the use of specific technologies such as Skype is not prohibited, the specialist technological and ethical guidance for usage with clients has been published by the BACP (2016) and has done so over the last two decades (Anthony & Jamieson, 2005; Goss, Anthony, Jamieson, & Palmer, 2001; Payne, Casemore, Neat & Chambers, 2006) has provided a useful framework for understanding these issues.

From this first aspect concerning legality, the second aspect is concerned with practice and the ways in which the therapist uses the technology with clients, if he or she feels able to use it at all (Alleman, 2002). Goss and Anthony (2009) discuss that online therapy has an uncertain and uneasy implication for mental health practitioners as clients will be the ones to decide how guidance and therapy exist in the future. Haberstroh, Barney, Foster and Duffey (2014) and Andersson (2016) add that clients will also help dictate the development of global guidelines and standards, and how the application of social networking sites such as Facebook and other online communities will create the first point of contact between clients and therapists.

This concept of connecting client and therapist first via a social networking site has been a source of debate itself, as past and present research (Barnett & Russo, 2009; Woodhouse, 2012; Kolmes & Taube, 2016) indicate that clients have a greater likelihood of coming across personal information about their therapists that may be off-putting or damaging to treatment. Zur and Donner (2009) and Vartabedian, Amos, and Baruch (2011) echo this concern that therapists' personal information becoming accessible across the Internet can be troubling.

As mental health professionals are increasingly involved in online professional activities (Helgadottir & Fairburn, 2014), including developing websites, becoming more active on social media, writing and commenting on professional blogs (Conway & O'Connor, 2016), both personal and professional activities engaged by the therapist and the client have the potential to influence psychotherapy (Lehavot, Barnett, & Powers, 2010). These potential implications of

online therapy to the field of mental health has made this researcher identify a possible gap in literature of whether clients feel it is necessary to connect with a therapist first via a social networking site such as Facebook before engaging with him or her in an online context such as Skype.

There is also concern in using online media to work with clients as nonverbal cues often experienced in face-to-face counselling may be difficult to notice whilst using a computer screen (Yuen et al, 2012) or difficult to ascertain via email (Witt, Oliver & Nichols, 2016). Specifically, in a face-to-face environment, nonverbal communication can either reinforce or detract from the accuracy and usefulness of two-way verbal information (Rains, Brunner, Akers, Pavlich & Tsetsi, 2016). Additionally in a face-to-face environment, appearance, posture, tone of voice, inflection, pace of speech and eye contact either can give the therapist useful and additional information about a client and without these cues noticeable online, it can mislead, distract, overload, confuse or intimidate client and/or therapist (Alleman, 2002).

Despite these concerns, Maheu and Gordon (2000) believe communication conveying high levels of affect may not require face-to-face communication. They note that when deprived of traditional socio-emotional, nonverbal cues through one sensory source, people create and substitute new ones. This is particularly the case for online chatrooms where writing in colour, ALL CAPS and emoticons (smiley or frowning faces) indicate that expressiveness can be displayed online. However, Maheu and Gordon (2000) say that more research is needed, particularly around

videoconferencing as it can make use of text but also has a visual component that online chatrooms and chat-based services do not have.

The debate regarding online therapy and videoconferencing addresses benefits and challenges. Publications involving evidence-based treatment delivering psychological services via videoconferencing in particular have been increasing over the last decade (Mitchell et al, 2008; Morland, Greene, Rosen, Mauldin & Frueh, 2009). The primary benefit of using videoconferencing in counselling include convenience as it has proven helpful for clients particularly with limited mobility (Shaw, Lee & Benton, 2017) and reduced access to mental health services (Lichstein et al, 2013).

Furthermore, videoconferencing counselling can prove beneficial to those in emergency settings who may not have the ability to come to therapy in person (Chakrabarti, 2015). Studies (Donley, McClaren, Jones, Katz, & Goh, 2017; Saurman, Johnston, Hindman, Kirby, & Lyle, 2014) have indicated that those in need of immediate mental health care in hospital settings where a psychologist may not be readily available have found videoconferencing as a safe and effective way to deliver this service. In addition to receiving mental health care in this setting, patients have shown satisfaction with receiving mental health care via emergency services, and it was found that videoconferencing-based diagnoses were considered to be as reliable as face-to-face (Seidel & Kilgus, 2014).

In addition to emergency settings finding benefit from videoconferencing therapy, therapy delivered in this manner has been beneficial to individuals from

prisons and other correctional settings who have suffered from mental health disorders (Vaitheswaran, Crockett, Wilson, & Millar, 2012). Assessments and subsequent mental health care delivered via videoconferencing to this population has proven to be satisfactory to them when measuring outcomes and whether goals of therapy were achieved, as well as provides a savings cost to mental health care providers (Batastini, McDonald, & Morgan, 2013). However, it has been noted that evidence for outcomes for these types of studies with this specific populations is largely derived from case reports and descriptive studies (Charabarti, 2015).

From benefits to challenges, a challenge associated with videoconferencing services like Skype are associated with technological difficulties this medium presents (Suler et al, 2001). Alleman (2002) has said that clients may also find the technology difficult as they could misread audio and visual cues from the therapist as video feed can cut out and a client with poor ego strength or paranoid tendencies may feel negatively affected in the therapy session.

Even ending sessions using technology such as videoconferencing can prove to be difficult with clients (Levy et al, 2017). Studies by Lindsay et al (2015) and Collie and Cubranic (2002) have suggested how distressing it can be for clients to end sessions via videoconferencing. In particular, their research discusses a lacking in therapeutic practice. That is, that therapists at times fail to detail an alternative plan with clients on what to do in the event their connection on a videoconferencing technology becomes disrupted and ultimately terminated.

In addition to ending sessions, another challenge is client and therapist needing to be computer-literate (Zack, 2002). While trying to operate a computer, the client and therapist in turn may miss small talk, greetings and closing of the session that would occur if sharing a physical space (Dowling & Rickwood, 2013). Also, videoconferencing has been seen by therapists as having conversations remaining on the surface, meaning that the distance to the client remains apparent and typically lacking the atmosphere and leeway needed to stimulate a more open conversation (Janssenet al, 2015).

With the benefits and challenges to online therapy and videoconferencing addressed, Andersson and Titov (2014) suggested that online therapy is ideal for clients in outpatient settings, those with anxiety disorders, body image, shame and guilt issues or social phobias who need further personal growth and fulfilment. They also suggest that it may not be appropriate for hospitalised individuals or those with severe psychiatric disorders. The studies cited thus far in this literature review do provide an overview of online therapy and how they are regarded within the field of mental health, though they are largely based outside of the UK and with younger age groups who are being studied in this research project. While this provides some context into the online therapy domain, this research seeks to explore the experiences of older clients who may have some of these issues to find out whether they find the videoconferencing medium helpful, harmful and an enhancement or deterrent compared to their face-to-face experiences.

3.4 Clients' Engaging in counselling via online therapy: Variety of online media

While the previous section focussed on the debate and implications of online therapy and in particular, videoconferencing as seen from the profession's and researcher's perspective, this subsection will provide an overview of existing research, which explores clients' experiences of counselling online. As much as research regarding online therapy, with text-based communication in particular, has been quantitative (Kleiboer et al, 2015; Lederman, Wadley, Gleeson, Bendall & Alvarez-Jimenez, 2014; Hanley & Reynolds, 2009), focussing on a different aspect of online therapy other than videoconferencing and based outside the UK, this research project aims to add research within the geographical context of the UK.

Cohen and Kerr (1998) assigned 24 clients aged 25-65 in the USA to one session of face-to-face or computer-mediate counselling with a counsellor. After evaluating the counsellor, clients' ratings of the session and their anxiety levels, clients in both face-to-face and computer-mediated counselling indicated equivalent decreases in expressed anxiety with a similar rating of counsellor expertise and trustworthiness. The authors add that the study's limitation was a focus on a large age range. Alternatively, this research project seeks to narrow the age range to older clients and exploring more about the clients' experiences of using computer-aided technology rather than having them form ratings.

The efficacy of online therapy and counselling interventions seem to be well established for certain conditions, though few studies have specifically focussed on the therapeutic relationship between client and therapist (Sucala et al, 2012). One

such study includes the work of Salleh, Hamzah, Nordin, Ghavifekr and Namyandeh (2015), who recently conducted a qualitative study and used grounded theory when interviewing East Asian clients about their relationships with their therapists via email communication that sought the client experience. They described these online relationships as being maintained through tendency on specific words and text exchanges in emails from the counsellors as well as themselves. While this finding can be helpful in providing insight into an online relationship through text and email exchanges, this research project attempts to add to the literature by looking at what it is like for clients to use videoconferencing in therapy rather than email and using IPA as an analysis tool rather than grounded theory.

Dunn (2012) did use IPA to assess UK-based client experiences in online therapy. She found that the anonymity afforded by the online medium and having time to think within the asynchronous exchanges online were key to understanding client experiences. She also found that the anonymity afforded by the online medium contributed to a sense of empowerment for individuals who may have otherwise avoided seeking counselling. However, as Dunn looked at these issues and experiences of clients in the context of email exchanges rather than videoconferencing and did not compare it to the face-to-face medium, this research will add to this study by seeking the clients' worldview as they may have encountered empowerment through both media.

3.5 Counselling an older population

From the variety of online media that looked at client experiences in therapy, this subsection examines literature and subsequent issues around counselling the older population.

Previous authors (Hoffman, Novak, & Schlosser, 2000; Mallen et al, 2005) have identified young, affluent, educated and highly functioning Whites as having the greatest access to the technology required for online counselling. The key word and most relevant one for this research is young, as the question remains as to whether online counselling can assist in reaching underserved populations, and in this case, elderly clients. Age UK (2017), the largest charity in the United Kingdom working with older people (Gandy, Bell, McClelland & Roe, 2017) estimates that there are at least 15.3 million individuals today living in the United Kingdom who are 60 years or older, which is expected to surpass 20 million individuals by the year 2030. In addition, the charity cites The Royal College of Psychiatrists who estimate that 85% of older people with depression receive no help at all from the National Health Service (NHS). Mental illness, particularly depression in people aged 60 or older is considered to be under-diagnosed and is particularly evident among those living in residential care homes where they may not have access to mental health professionals (Doubleday, King & Papageorgiou, 2002; Lichstein et al, 2013).

Older adults have shown that with the help of training programmes, they can learn computer skills (Blit-Cohen & Litwin, 2004). However, being new to computer mediated communication (CMC) such as asynchronous email,

synchronous chat and videoconferencing that require the use of fine motor movements such as by typing on a keyboard and successfully using a mouse, this may cause older clients issues (Wu, Damnee, Kerherve, Ware & Rigaud, 2015). This can be seen as those between the ages of 61 and 80 have reported less confidence in their computing skills (Marquie, Jourdan-Boddaert & Huet, 2002) and demonstrate lower technical performance than younger individuals (18 to 39 years old) (Selwyn, 2004; Mead, Sit, Rogers, Jamieson, & Rousseau, 2000). Mallen, Vogel and Rochlen (2005) go as far as concluding that older clients may not trust new modes of service delivery such as counselling over the internet, not just via the videoconferencing medium, because they may not be as familiar or comfortable with the technology involved.

Woolfe and Biggs (1997) asked a group of counselling psychologists to specify issues that may arise when working with older people aged 60+. Among the findings, and consistent with other recent research (Meyer, Farrell, Kemp, Blakey, & Deacon, 2014), they noted the need to talk more clearly to these clients, that they may have lower expectations of what could be achieved in the session and the need to show extra consideration for the client's health (Woolfe and Biggs, 1997). Hill and Brettle (2005) however disagree with the finding of needing to lower expectations of what could be achieved in a session with older clients. They conducted a systematic review of 47 studies on the effectiveness of counselling with adults ages 50+ and found counselling to be efficacious, particularly in the treatment of anxiety and depression while outcomes of therapy with these clients are consistent with those found in younger populations. A limitation of these studies that this

research will address is that the authors did not look at the inner subjective experiences of working with older clients, rather they seem to look at an external view of whether older clients simply can partake in therapy.

From the mental health practitioner perspective to working with older clients to the clients themselves, a recent study in Australia (Banbury et al, 2017) set out to examine whether the videoconferencing medium affected older individuals' engagement and perception of social support. It specifically looked at the relationship changes in social support networks following weekly videoconferencing groups delivered to their home. After analysing results through distributing social support questionnaires to participants, the researchers found that after delivering 44 weekly group meetings via videoconferencing that provided participants with an opportunity to discuss physical and mental health issues associated with loneliness and isolation, their social support networks grew by making new friends after receiving newfound confidence and feeling more engaged with life. They also surmised that education and even mental health support through the videoconferencing medium can enhance self-management skills and support older individuals suffering from chronic illness, both mental and physical.

While this study provides some insight into the uniqueness and effectiveness of the videoconferencing medium, and specifically to older clients which can help inform this researcher, this research will add to this study by giving an exclusive focus to mental health support rather than social support and how individual therapy is experienced by older individuals with a qualitative, phenomenological perspective.

There have been studies (Lynch, Morse, Mendelson, & Robins, 2003; Pinquart & Sorensen, 2001; Engels & Vermey, 1997) analysing counselling within the UK as a generic form of treatment with clients at least aged 60. They have largely come to the conclusion that after receiving counselling as a generic form of treatment, irrespective of the type of treatment being offered (psychodynamic psychotherapy or cognitive-behavioural therapy), clients reported finding benefit from simply being with a counsellor in the room and being able to talk him or her. However, whilst focussing on clients who experience depression and anxiety, Lynch, Morse, Mendelson and Robins (2003); Pinquart and Sorensen (2001) and Engels and Vermey (1997) tend to neglect how experiences of these clients compare with those who have sought therapy for other reasons such as the client experience of sitting with the therapist in the therapy space.

This research seeks to address this gap by analysing older clients' therapeutic experiences via the videoconferencing medium, a key component of online therapy while comparing it to experiences offline. This research will allow for the investigation of actual reported experiences of older clients who have experience of therapy both face-to-face and videoconferencing, which will avoid a priori assumptions regarding how these clients might experience technologically mediated forms of therapy.

3.6 Clients' experiences of counselling via online therapy: Videoconferencing and comparisons with the face-to-face medium

This subsection will mainly focus on comparisons in the literature between the videoconferencing technology and face-to-face media. It will include other media as well, along with the limitations of these studies and how this research project attempts to address these limitations.

In addition to email communication, there are studies regarding the videoconferencing medium that goes back decades (Dwyer, 1973; Doze, Hailey, & Jacobs, 1999), though much of the research regarding this medium have focussed on client and clinician satisfaction (Gilat & Reshef, 2015; Baker & Ray, 2011). This is a crucial element given that dissatisfaction can hinder the development of the client-therapist relationship and alliance (Rees & Haythorntwaite, 2004). In the context of videoconferencing and establishing working alliance, there appears to be concern from the therapists themselves as they consider clients in this medium likely to evaluate the therapist as less warm, empathic, sensitive and understanding (Rees & Stone, 2005), though this may be attributed to an overall lack of exposure to the videoconferencing medium (Capner, 2000).

Studies as far back as the early 2000s (Simpson, Deans, & Brebner, 2001; Simpson, Morrow, Jones, Ferguson, & Brebner, 2002) contradict this belief as the development of positive therapeutic rapport was not hindered when an internet connection issue caused the loss of some non-verbal cues and body language as well as a slight sound decay. However, data on working alliance in the context of

videoconference within the last decade has been deemed to be largely inconclusive (Stefan & David, 2013).

While results and the efficacy of videoconferencing counselling with children, adolescents and young people have been called encouraging (Hanley, 2009), videoconferencing counselling and working alliance with this age group appears to remain inconclusive (Diamond and Bloch, 2010; Carlisle, 2013). One of the more prominent studies dates back to the work of Hufford, Glueckauf, and Webb (1999). The authors examined adolescents with epilepsy ages 11 to 19 and their working alliance with therapists via videoconferencing. They found that while therapy was considered successful with these clients and were able to form a working alliance with therapists, the working alliance they formed proved to be weaker than their counterparts in a face-to-face control group. The issue with this study is that these findings were only considered preliminary and also compared differences adolescents had with videoconferencing counselling with their parents. A possible confounding issue with this study lends itself from comparing not only two different age groups but that these age groups are related which the authors admitted could result in internal validity issues with the result.

Remaining with young people, Sansom-Daly, Wakefield, McGill, and Patterson (2015) argue that telepsychology and in videoconferencing in particular can reduce help-seeking barriers to young people who do not wish to engage in counselling and call it the best technology-based alternative to face-to-face counselling because of its live component. They studied videoconferencing counselling, specifically the outcome of cognitive behavioural therapy (CBT) with

adolescents ages 15 to 25 who were receiving cancer treatment at home. They found that while the young people experienced some loss of non-verbal and emotional-behavioural cues during the videoconferencing sessions, it did not affect satisfactory outcomes or the rapport between client and therapist in their study or in others (Richardson, Frueh, Grubaugh, Egede & Elhai, 2009). While this study provides unique insight into the effectiveness of videoconferencing and rapport for young people as they found it was established, like the study by Hufford et al (1999), they also interviewed the adolescents' families and compared the groups which can result in similar validity concerns when discussing results, including possible attrition as these adolescents were faced with life-threatening illness.

This research will differ as these types of issues will not take place. For example, while there will be a comparison, it will not be of two different individuals or age groups, it is a comparison of two different experiences from the same person. While these studies provided some useful information for videoconferencing counselling and rapport, it is difficult to see how studies such as these can go as in-depth with analysis of the experiences of these individuals when engaging with videoconferencing counselling.

Moving from young people to a middle-aged population, a recent qualitative study (Cipoletta et al, 2017) used conversation analysis to investigate the elements that characterise the formation of a therapeutic relationship when sessions are conducted through the videoconferencing medium. The authors found that in addition to relational dominance of the therapist, the client and therapist experienced the following issues: starting up sessions (including motivation to use the technology

and establishing therapeutic rules and boundaries), technological ruptures (interruptions and multimedia repair), interruptions that come with using the technology and issues that move beyond videoconferencing, such as inter-session contact and moving from videoconferencing to face-to-face meetings.

They appear to come to similar conclusions as other researchers (Leibert & Archer Jr, 2005; Audet & Everall, 2010), that clients' continued requests to integrate online sessions with face-to-face is seen as a compliment to face-to-face therapy rather than a substitute for it. Engaging with technological ruptures and even inter-session contact are issues that can be expected in this research project when analysing the client perspective when engaging with videoconferencing. This research project will attempt to build on the literature and aforementioned issues found, despite using a different method of analysis (IPA rather than conversational analysis) while also analysing both the face-to-face and videoconferencing media.

One of the most prominent and well-known studies (Berger, 2017) on comparing the videoconferencing to other media was conducted by Day and Schneider (2002). They studied a community of eighty clients aged 30-50 who were assigned to one of three different platforms of delivering psychotherapy: face-to-face, real-time videoconference, and telephone. After completing five sessions of therapy, measures of working alliance with counsellors and overall satisfaction of their experience, results showed that clients not in face-to-face therapy reported higher scores on an index of client participation that involved their activity level, initiative and trust. The results of this analysis determined no significant differences and overall positive findings among all three treatment groups. Day and Schneider

(2002) admitted to being overly ambitious to use three different modes of psychotherapy instead of mainly focussing on one or two. While the comparisons between face-to-face and videoconferencing mediums provide valuable insight into a wide variety of media's effect on the therapist and client's working alliance, this research aims to address this study's limitations by focussing on the client experiences of videoconferencing and face-to-face therapy rather than only their satisfaction with it.

Even with comparisons of online therapy and face-to-face counselling, there have been specific, though limited, research about videoconferencing in therapy on Skype (Marmarosh, 2015), specifically with the way videoconferencing technology influences relational dynamics between client and therapist (Holtom, 2005). In Ukraine, Edirippulige, Levandovskaya and Prishutova (2013) conducted a study that wanted to address the impact of Skype as a psychotherapeutic tool for the local population in Ukraine. They argue that there has been limited use of Skype for psychotherapeutic purposes. After distributing a questionnaire to clients aged 22-40, they found that a majority of participants had not only found their experience on Skype as "good" or "excellent" with a counsellor via Skype, but that it was "relatively easy" to use. They found that it did not require much learning nor did the technology detract much from the counselling session. While they used ratings to determine clients' experiences on Skype, this research will add to this study by delving into greater detail on how clients relate to their counsellors over Skype as well as localise it to the United Kingdom.

Stefan and David (2013) had similar findings when comparing face-to-face counselling and videoconferencing technology with clients. A Romanian-based study, they wanted to examine the efficacy (determined by quantitative questionnaires measuring the reduced stress level and irrational beliefs of clients) between both media as well as the working alliance established between therapist and client. This quantitative study gathered 56 undergraduate psychology students, 49 females and 7 males, who were each separated into two groups: one engaging in counselling via face-to-face and the other being for participants using videoconferencing technology.

Results from their analysis found no significant differences between the efficacy for each group and working alliance. While this researcher is not aiming to refute the results of a study such as this, it is important to note that the students recruited in Stefan and David's (2013) study were given education credits for their participation and were of a different age group than this research looks to address. In addition to this research adding a qualitative, in-depth element through interviews and a comparison of client experiences in both face-to-face and videoconferencing media to the existing literature, it will not provide any incentive or compensation to participants in return for their participation and cooperation. Furthermore, this research requires that participants have at least six counselling sessions combined of face-to-face and videoconferencing, while Stefan and David's (2013) study measured their outcomes based on only one counselling session. Thus, the greater number of sessions required for participants for this research aims to provide an

even greater in-depth level of knowledge and information needed to explore the counselling experiences of participants.

A recent study (Reese et al, 2016) set out to evaluate whether the psychotherapy format of three types of media (videoconferencing, telephone or face-to-face) influenced a therapist's empathic accuracy and clients' perceptions of therapeutic alliance, in addition to seeing whether client attitudes toward using online technology influenced the therapeutic alliance with their therapists while on the videoconferencing medium. They also wanted to know if empathic accuracy predicted therapeutic alliance between client and therapist differently across the media. Their results of 47 individuals whose ages range from 21 to 60, suggested that the videoconferencing and phone media in psychotherapy and face-to-face psychotherapy produced similar, effective results for clients processing empathic accuracy and therapeutic alliance. Interestingly, they also found that empathic accuracy may be more salient for clients who receive psychotherapy services via a telepsychology format.

Similarly to their findings, a pilot study by Simpson (2001) examined ten patient ratings of therapeutic alliance via videoconferencing. When compared with a face-to-face group, not only were ratings of therapeutic alliance found to be equivalent, but there was a reported trend for patients to become more comfortable with videoconferencing technology throughout the course of treatment. While these studies seem to confirm the work of Stefan and David (2013), these quantitative studies were limited to analysis based off of only one session and to a wide age range. This research project aims to add to this study by providing a qualitative

element that focusses on a population that has been relatively neglected in previous research.

From young people to middle aged to older populations, it has been said that telepsychology and videoconferencing in particular has had a special role in mental health care for older people because they account for a large proportion of patients from rural and remote locations and chronic conditions from which they may suffer limits their access to high-quality and specialised care (Innes, Morgan & Kosteniuk, 2011; Chakrabarti, 2015). Different studies have shown that at the very least, assessment sessions via videoconference are as reliable and as effective as face-to-face, even with those suffering from cognitive impairment (Ramos-Rios, Mateos, Logo, Conn & Patterson, 2012; Sheerana, Dealya, & Rabinowitz, 2013). However, these studies are mainly descriptive and introduce the efficacy of videoconferencing counselling with the older population without detailing what the specific aspects of the counselling sessions themselves contribute to their experiences. This research project differs from the aforementioned studies as it encompasses not just older individuals experiences during therapy, but will cover their experiences before therapy begins as a way of showing what it is about the technology that contributes to its effectiveness with this population.

3.7 Summary

While there is qualitative and quantitative research on client experiences using online therapy, it seems to largely focus on email communication. Though the aspect of the client's view of the relationship even via email communication is interesting, this research aims to provide added depth and build on previous research by exploring client experiences through the videoconferencing medium and comparisons with their face-to-face experiences. There is literature on the videoconferencing medium in therapy specifically, but it appears to be largely quantitative and does not explore clients' experiences in-depth. Much of the literature appears to be spread across the world, from Australia to the United States, and spread across different age groups. This research, using the IPA method, attempts to bridge these gaps by looking specifically at the videoconferencing medium as it applies to older clients only aged 60+ who have experienced counselling within the UK while also comparing their time online with a therapist to their experiences sitting with a therapist face-to-face.

3.8 The aims and research questions

This research aims to provide contributions to the existing area of literature on the subject of videoconferencing and face-to-face therapy work. Taking into account the IPA methodology, it is hoped by this researcher will provide additional and valuable insight into the perspectives and experiences of clients aged 60 or older as they reflect on their experiences in engaging in therapy via the on and offline worlds. The interpretive and meaning making construction of IPA (Shaw, 2010)

allows for exploration of these clients' experiences and the psychological, emotional and social impact for each of them. It is possible that results and conclusions drawn from this research project may have some impact on the counselling psychology profession in gaining a greater understanding of clients' thoughts and interpretation on engaging and comparing therapy in person with videoconferencing technology.

In an effort to enhance knowledge and understanding to previously existing literature in this area, this research will be tentatively looking to address the following research questions:

1. How does the videoconferencing counselling experience differ for clients aged 60 or older when reflecting on their face-to-face experience?
2. How do clients aged 60 or older experience using videoconferencing technology like Skype in therapy?
3. How does the client's relationship change with the therapist when engaging in the videoconferencing medium?
4. How do clients aged 60 or older make the decision to use videoconferencing technology like Skype?

The word tentatively is used to describe these research questions as Smith (2011) reiterates that in IPA studies, there is no attempt to test predetermined hypotheses or research questions the researcher proposes. Rather, there is emphasised importance on exploring how research questions can be answered over the course of research and even amending them if necessary.

4. Methodology

4.1 Overview

This section details the qualitative approach chosen for this study, justifying the selected method while also accounting for where I stand epistemologically. I will also go into further detail involving the procedures of data collection and analysis.

4.2 Introducing qualitative research

This research is qualitative and explores how clients ages 60 or older make sense of their experiences engaging in therapy both via the videoconferencing medium and face-to-face. For many decades, mainstream psychological research has relied on quantitative methodology that was based on a model, where theories were tested, hypotheses were constructed and checked via an experiment or observation (Pietkiewicz & Smith, 2012). This may have been the case for some of the studies reviewed in the previous section in relation to comparing videoconferencing and face-to-face work, but as indicated in the growing amount of qualitative literature, there appears to be a growing development in recent years towards qualitative research methodologies (Pietkiewicz & Smith, 2012; Rennie, 2012). Indeed, qualitative researchers mainly focus on meaning in their research (Willig, 2008) including how individuals makes sense of their world, how they experience events, what meaning they attribute to phenomena and can be more preoccupied with quality of experience rather than causal relationships. IPA specifically provides a means of exploring the subjective experiences of a small

homogeneous group of participants, such that a clear sense of their lived experience can be ascertained (Mercer, 2012).

4.2.1 Rationale for qualitative research

In order to investigate older client's experiences of in person and videoconferencing therapy, this research needed a qualitative focus that allows for deep insight into the client experience (Ormston, Spencer, Barnard & Snape, 2014). Specifically, qualitative research and the exploration of experiences of clients aged 60 or older who would be able to recall these experiences from their own perspectives, using their own words and gain meaning from it was important reasoning to design a qualitative study. While quantitative work and previous literature citing this approach provided preliminary findings on the satisfaction or dissatisfaction of clients engaging in therapy both on and offline, it was felt what may have been missing is the in-depth material that could be gathered around clients' feelings and thoughts on approaching these different media with their therapists, and interviews can be a great source of obtaining this level of detail (Mays & Pope, 2000).

4.2.2 Epistemology

Qualitative research appears to cover a wide range of methods and epistemological stances (Yilmaz, 2013) that can involve different interpretations of how others socially construct their world and their realities (Gunzenhauser, 2006). These stances might range from what is seen as a decades-old realist vs. constructionist debate (Casti, 1989; Yarusso, 1992). A researcher might have more

of a realist framework where reality can exist independent of the observer, that it is discovered and understood exactly as it is and that this reality can be experienced and shared by everyone in nearly identical ways (Denzin, 2008). In the constructionist approach, it is knowledge as constructed that becomes the focus of the ways in which people construct reality, which may be informed by interactional or broader, ideological processes. (Greene, 2007). What has attracted this researcher towards IPA is that it does not claim a specific epistemological position while being described as open in the world of epistemological stances (Carter & Little, 2007) while simultaneously not ignoring the constructed and real experience of the individual (Smith, Flowers, & Larkin, 2009).

In addition to the real and constructed, its openness on epistemological approaches, the researcher felt drawn to IPA in part because of its relentless commitment to exploring and understanding the personal lived experience of clients when they think about how their therapeutic world has been affected, changed, or enhanced by engaging with therapists on the videoconferencing medium and face-to-face.

Whilst IPA is epistemologically inclusive, the current research is interested in the subjective experiences of individual participants, in this sense the focus is not on 'reality as it is' but rather 'reality as it is experienced' (Slevitch, 2011) by the participants in the research. The researcher is also aware that like the participants, he can interpret and behave in the world in accordance with different cultural meanings. It has been suggested by Koro-Ljunberg and Hayes (2010) that the notion of observations and answers to potential research questions from data gathered in

qualitative research, when observed from a constructionist, epistemological framework can become ever changing. This is where interpretations and understanding of data gathered by participants in interviews, even in attempts to answer certain research questions can change as different encounters are experienced between the research participant and researcher.

This research offers the opportunity to investigate issues that allow for an interpretive and idiographic approach to understand a phenomenon in which there is a co-creation and co-understanding of how experiences are interpreted by an individual (Pietkiewicz & Smith, 2014). This falls in line with the researcher's therapeutic stance and IPA's encouragement on subjective meaning making of research participants (Willig & Stainton-Rogers, 2017). It seems to place more emphasis on their social worlds and understanding of how they have experienced therapy both via videoconferencing technology and in the room with the therapist. It should be noted that this epistemological stance was engrained in the researcher's mind when reviewing and interpreting data, to which at times the researcher may have indeed unconsciously brought his own meaning and understanding of therapy on videoconferencing technology and in person based on his own experiences and understanding.

4.3 Interpretive Phenomenological Analysis

4.3.1 IPA in Counselling Psychology

The counselling psychology discipline appears to mirror much of the meaning-making and central focus of understanding clients' world that an IPA approach requires. The Division of Counselling Psychology Practice Guidelines of the British Psychological Society (2016) suggests practitioners engage in the understanding of the self and giving the public a greater understanding of psychology. IPA adheres to this reasoning as participant meaning-making enables them to express themselves and the way they viewed their experiences (Murray & Holmes, 2014) of how they have received counselling from psychologists via face-to-face and videoconferencing media.

Furthermore, the field of counselling psychology and its philosophical stance has been similar to qualitative research and IPA in particular (Ponterotto, 2005). Hill (2005) notes that IPA can be especially useful for practicing counselling psychologists as findings can be generalised to a therapy context and applied to clinical work. It has been said (Silverstein, Auerbach & Levant, 2006) that the very nature of conducting in-depth interviews that the IPA method requires, which is a collaborative process that produces a rich account of specific contexts and subjective experiences imitate the basis of therapy. It is through IPA analysis where the focus is on understanding the subjective experience of the participant, which suggests a bottom-up approach (Lakew & Lindblad-Gidlund, 2015) that seems to make the

method relevant to this research that looks into issues that may inform therapeutic practice.

4.3.2 Rationale for IPA for this research

Given the rationale for qualitative research, the epistemology and IPA's contributions to counselling psychology research and practice, IPA was initially chosen as an appropriate method of analysis for this research. This is because of its strong stance to understand how individuals make sense of their experiences, as human beings have been described as self-interpreting beings (Taylor, 1985), in this case with therapy in-person and through the videoconferencing medium, and how these experiences contribute to their own world views (Smith & Osborn, 2003) of therapy. If IPA asks that the researcher understands what it is like to stand in the shoes of the subject, to make sense of an individual's world and also try to, or make sense of their meaning making (Pietkiewicz & Smith, 2014), then for the purposes of this research, IPA would be an appropriate method of analysis.

Additionally, the reflexive component that IPA allows for (Smith et al, 2009), where this researcher has an active role in interpreting the data cannot be overlooked, which can only enhance this research. As a future counselling psychologist who was taught the crucial psychological and theoretical relational underpinnings that mental health practitioners need to practice, if this researcher did not acknowledge his own preconceptions and beliefs about engaging in therapy in person and via the videoconferencing medium, then the voices of those participants

interviewed may be overlooked or not even heard, which would only be a detriment to this research project.

4.3.3 Consideration of other methodologies and comparisons with Interpretive Phenomenological Analysis

IPA was not the only methodology under consideration, however. During the developmental and proposal stages of this research project, this researcher was deliberating between the following two methodologies to address the aforementioned aims and research questions: grounded theory and discourse analysis.

After an investigation into the three methodologies of IPA, grounded theory and discourse analysis, it was deemed most helpful to create a table (please see Table 1 beginning on the next page) outlining some of the methodologies' similarities and differences before settling on a methodology that would be most appropriate for this research project.

Table 1: Similarities and Differences Table between Interpretive Phenomenological Analysis, Grounded Theory and Discourse Analysis

	Phenomenology	**Grounded Theory**	**Discourse Analysis**
Philosophy	There exists an essential, perceived reality with common features	Theory is discovered by examining concepts grounded in data	Knowledge and meaning is produced through interaction with multiple discourses
Goal	Describe the meaning of the lived experience of interacting with a therapist via videoconference and in person	Develop an explanatory theory of basic social processes	Understand how people use language to create and enact identities and activities
Methodology and research question formulation	What is the lived experience of the phenomenon of interacting with a therapist via videoconference and in person?	How does the basic social process of interacting with a therapist happen in the context of videoconferencing and in person?	What discourses are used in the interaction between therapist and client and how do they shape identities, activities, and relationships?
Finding the appropriate sample	Those clients who have experienced therapy in person and via videoconference	Those who have experienced therapy in person and videoconference under different conditions	Those situated in one or more discourses around therapy via in person and videoconference
Data Collection	Observe participants in the context where the phenomenon was experienced	Observe participants where basic social processes take place	Observe participants in conversation in their natural environment

Interview strategy	While participant describes and recalls experience, interviewer seeks further detail and clarity	While participant describes and recalls experience, interviewer seeks further detail and clarity	Both participant and interviewer engage in dialogue while interviewer probes for intertextual meaning
Analysis	Identify descriptions of client experiences of therapy via in person and videoconference, cluster into categories, taken together, these describe a core commonality and structure of the experience	Open, axial and selective coding. Examine concepts across their properties, develop an explanatory framework that integrates concepts into a core category	Examine how understanding is produced through a close look at the words. Interest in how the story is told, what identities, activities, relationships, and shared meaning are created through language

Note. Adapted from "Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory" by H. Starks, and S. Trinidad (2007), Qualitative Health Research, 17(10), 1372-1380.

Based on the information provided in Table 1, what these three methods appear to all address are questions of meaning and understanding (Starks & Trinidad, 2007). However, differences seem to become apparent with respect to how research questions are framed and how data is analysed. In regards to the research question, it has been known for decades that phenomenological researchers ask questions about lived experiences (van Manen, 1990), while discourse analysts explore how knowledge and identities are negotiated through language in use (Pyett, 2003). Grounded theorists on the other hand, ask about how social structures influence how something is accomplished through social interaction (Dey, 1999).

Grounded theory was considered heavily, as it displays similar characteristics to IPA, particularly in its analysis stages (Starks and Trinidad, 2007). However, it was considered less suitable for this research as it aims to make more ambitious claims in developing a theory to generalise to broader populations (Charmaz, 2006). This is different to IPA, which allows for more of an ability for this researcher to explore the experiences of clients who have had therapy through videoconferencing and in person where they could make sense of their experiences, while also allowing for more of an interpretive, contextual account (Smith, 2011).

Discourse analysis was also considered. However, as it focuses on the nuances of language and talk within interaction, while interesting in its own right, was a concern that fell outside of the core concern with participants' lived experiences that was central to the current research (Smith, 2008). Reichler (2000) made a useful distinction between discourse analysis and experiential analysis that IPA has been called (Smith, 2011). Specifically, Reichler said discourse analysis is concerned with the action orientation of talk, how the world is constructed and what those constructions do in interactional and ideological terms. IPA in contrast examines a chain of connection between embodied experiences individuals' sense-making of those experiences, as well as emotional reaction to that experience (Smith, 1996) with an aim to ascertaining something of the subjective lived experience of the participants. Furthermore, while IPA and discourse analysis seem to be influenced by the language individuals express, IPA's rationale differs as researchers tend to talk to individuals and analyse what they say in order to learn how they *make sense* of their experiences, while discourse analysts examine what

individuals say in order to understand more about how they *construct* accounts of their experience and what those constructions accomplish (Smith, 2011).

Taking these different approaches into account, it was determined that because this research looks to explore the experiences of participants as they compare and contrast videoconferencing and in person counselling, an approach that focusses specifically on language would be less appropriate for developing a sense of participants' subjective experiences. As IPA focuses on interpreting interview data, including what is referred to and how it is expressed, with a view to understanding the subjective experience of participants (Smith, 2008), it provides the ideal framework for understanding in detail how a small, homogeneous group of participants experienced receiving therapy via two quite distinct media.

4.4 Procedures

In the following section, ethical considerations, the recruitment and data collection methods, and quality of the sample of participants recruited for this research are discussed.

4.4.1 Ethical considerations

Ethical approval for this research project was granted by the Ethics Committee at the University of Roehampton, which stood in accordance with the British Psychological Society's (BPS) Code of Ethics and Conduct (2009).

The BPS Code of Ethics and Conduct (2009) necessitates four ethical principles that required the attention of this researcher:

(1) **Respect** participants' dignity and worth, with particular regard to their rights including those of privacy and self which for this research project. Respect to them also meant that any vulnerable individuals are given ample opportunity to understand the nature, purpose and anticipated consequences of any research participation so that they may give informed consent to the extent that their capabilities allow.

(2) **Competence** in this researcher's work and preserving this researcher's ability to function optimally within the recognised limits of knowledge, skill, training, education and experience. In particular, this researcher is encouraged to seek consultation and supervision, particularly as circumstances begin to challenge professional expertise.

(3) **Responsibility** to research participants, and avoidance of harm to them. Specifically, it was advised that research participants have a right to withdraw their participation at any time, and to refrain from using financial compensation or other inducements, and debrief participants at the conclusion of their participation in order to inform them of the outcomes and nature of the research, to identify any unforeseen harm, discomfort, or misconceptions and in order to arrange for assistance as needed.

(4) **Integrity** of this research, in that honesty and accuracy is ensured in research findings as well as acknowledging potential limitations and claim only appropriate ownership for research while providing due acknowledgement of the contributions of others to a collaborative work.

In light and understanding of these principles, the following ethical aspects of this research project was given significant and careful thought:

- Participants who wished to participate in this study were given an information sheet (See Appendix E), providing details of the research aims, an awareness of what the project entailed, and a reminder that they could withdraw from this research project, in order to put them in a position to give informed consent.
- The researcher was aware throughout the duration of recruitment (please see below the recruitment section for further detail on this process) that participation in this research project may cause distress, particularly during the interviews themselves. Thus, the researcher intended to stop interviews

if a participant became visibly upset. Therapeutic training at the University of Roehampton was drawn upon in an attempt to remain empathic towards any difficult material shared during the interviews, in order to ensure that any and all participants were treated with care and thought.

- Furthermore to the previous point, a written debrief (See Appendix H) was given to participants in person immediately the interview detailing this research project while also informing them of this researcher's contact details and those of my supervisory team should they choose to withdraw from this project or raise any issues.
- Participants' identities were kept anonymous with the assignment of pseudonyms. Upon this researcher's completion of typing the transcripts, all identifying material was removed. This material was kept in a separate locked drawer with a key only accessible to this researcher.
- No payment or compensation of any kind was made to any participants, as to not incentivise them to participant or affect the outcome of this research project.

4.4.2 Sampling

For IPA studies, it has been recommended that a minimum of four participants with a maximum of twelve participate to provide an adequate amount of data to examine similarities, differences and themes in order to reflect on their experiences (Smith, 2011). However, having a maximum number of participants minimises the risk of becoming inundated with data that may convolute the analysis (Smith, Flowers, & Larkin, 2009). It was especially important that participants for

an IPA study represent a homogenous sample (Smith, 2011), which was a key and necessary factor when developing the inclusion and exclusion criteria. Thus, the type of sampling used to locate potential participants for this research was purposive sampling. Snowball sampling was later used, which will be referred to in the recruitment section below.

4.4.3 Inclusion and exclusion criteria

Due to the specific nature of this research project in recruiting clients ages 60 or older who needed to have experience of engaging in counselling using both face-to-face and videoconferencing media, my inclusion criteria was specific yet unwavering of ethical practice. This criteria was approved by the University of Roehampton Ethics Committee and are as follows:

Inclusion criteria

1. Participants must be ages 60 or older.

2. Participants are to have received *at least six* counselling sessions that include videoconferencing and face-to-face counselling (with the understanding that these six sessions could be divided up into different amounts, e.g. 1 videoconferencing counselling session and five face-to-face counselling sessions).

3. Participants would need to be currently receiving counselling or have completed face-to-face or videoconferencing counselling within the last two years.

4. Clients would need to have received counselling either in the face-to-face or counselling at one point within the UK.

5. Participants would be selected regardless of race, gender or ethnicity.

6. Participants would need to be comfortable with verbal communication, in line with medium of analysis selected.

Exclusion criteria

1. Participants who are younger than 60.

2. Participants who do not meet the six session minimum or who have only received either face-to-face or videoconferencing counselling more than two years ago.

3. Participants who are known to currently pose a risk of harm (to self or others), by risk assessing the client once they make contact with the researcher. If after a risk assessment a participant is believed to be currently at risk to self or others, the participant would be notified immediately by the researcher and be encouraged to seek immediate support from local GPs and mental health access teams close to their current location.

4. Clients who received counselling in the NHS by NHS therapists were to be excluded due to time limitations and restraints.

4.4.4 Recruitment

Initially, an attempt was made to recruit participants ages 60 or older who experienced counselling face-to-face and via videoconferencing in the U.K. Ethical approval was granted by the University of Roehampton following submission of relevant materials. The following materials were used to initiate the recruitment process:

- Personal emails (please see Appendix A for an example) were sent to appropriate and targeted therapists and practices in the private sector, who after thorough research on the type of clients they see which would be available through their own practice websites or through counselling directories, it was an indication that they may have clients to consider for this research project.
- Counselling bodies (including the UKCP, BACP and BPS) and relevant organisations that welcome older clients for counselling. Therapists and their respective practices the researcher emailed were asked for their permission to contact current or past clients aged 60 or older who have had counselling with them and that a consent form (please see Appendix G) would be given to each participant prior to their participation.
- A flyer (please see Appendix B) detailing this research project, inclusion criteria for participants and researcher contact details was included in the personal emails and also distributed to notice boards in universities in London.

Despite efforts to recruit participants through these various methods, it was found that these efforts were not resulting in many responses. Three female therapists did respond back as a result of email contact. However, as they realised they fit the inclusion criteria, they unexpectedly wished to volunteer for this research project themselves. They indicated in the email that they understood they would be speaking about their experiences from a client's perspective.

Despite IPA research celebrating the importance of small homogenous samples (Brocki & Wearden, 2006), it was felt that three was not a sufficient number of participants and that it might impede the analysis resulting in insufficient data to support the development of emergent and superordinate themes. It was at this time that a therapist who this researcher had been in initial contact with offered to post a flyer to her online blog (please see Appendix C) to her followers in an attempt to recruit more participants. It is acknowledged that recruitment via a blog post was a different sampling method (snowball sampling) and the ethics board at the University of Roehampton was notified about this change. Shortly thereafter the blog post went online, two therapists came forward and indicated that they would like to be part of this research project.

Originally, the intent was to recruit clients through therapists via email where therapists would forward a flyer to clients with potential interest in this research. Due to the limited number of potential participants, going forward, an alternative strategy was developed where the therapists who themselves were clients receiving therapy became the participant group. This change strengthened the research in terms of IPA's concern of homogeneity of the sample (Smith, 2011) as now,

participants were similar ages, had the same occupation and in the case of this sample, were all female.

The change in recruitment strategy and sample group brought the total number of participants to five. This was the minimum number of participants the researcher and supervisory team felt was needed to progress with this research and to ultimately begin analysis, and is within the guideline of IPA participant numbers that Robinson (2013) says is between three and sixteen participants while above Smith's (2011) recommendation of four participants minimum. While it was possible to expand the number of participants, the researcher was concerned that an expanding number could threaten the homogeneity of the sample where participants could not have been female or have had therapist backgrounds.

The researcher was in contact with the supervisory team throughout the recruitment process, and while it was decided that recruitment would remain open, it was felt that a sufficient number of participants were gathered. Months later and at the time of the analysis, as no further potential participants for this research made contact, it was decided to close recruitment and focus the analysis on the five participants interviewed.

4.4.5 The sample

Participants for this research were five women ranging from the ages of 64 to 75, all of whom confirmed having received a minimum of six counselling sessions via both videoconferencing (all via Skype) and face-to-face sessions. They were currently receiving therapy or had just finished therapy with their therapists.

As all participants were therapists, all were either required or volunteered to be clients in therapy at one point, and for the purposes of this research, needed to have recent therapy, all of which confirmed they had. One could see a possible confound in interviewing therapists about their experiences as clients in therapy, in addition to the researcher providing clear direction to them that this is research interviewing clients. However, therapists, when reflecting on their own experiences in therapy, can often provide rich and detailed experience that reflect on the nuances, environment and language of therapy that clients at times are unable to provide (Linley & Joseph, 2007). Furthermore, understanding that all five participants are female, over 60 years old, and have therapist backgrounds only adds to the homogeneity that is crucial when exploring the experiences of a sample in an interpretive phenomenological study (Smith, 2011).

Before each interview, each participant was asked to fill out a demographic form (please see Appendix D) in which they disclosed their current age and estimated number of sessions (or length of time of sessions received) for both videoconferencing therapy and face-to-face therapy. It needs to be noted that the fifth participant interviewed, who is not British, did receive her counselling in the UK though was not in the country during the time of our interview. This researcher was situated in the UK and she was abroad when we conducted our interview via Skype, which was an interesting experience in itself and will be reflected on in the discussion section.

Demographic details of each participant can be found below in Table 1:

Table 1: Participant demographic details

Pseudonym	Age at Interview	Number of face-to-face sessions (in years, months or number form)	Number of videoconferencing sessions (in years, months or number form)
Judy	74	35	6
Clara	65	50	10
Millie	63	40	9
Eldred	72	35	7
Emma	62	5	15

4.5 Data collection

4.5.1 Procedure

After participants made contact with the researcher, they were each emailed a Participant Information Sheet (please see Appendix E) and an Interview Guide (please see Appendix F). This guide was meant to give participants an idea of the questions that may be asked during the interview to make sure participants had an idea of what was to be discussed and to possibly consider specific experiences to reflect on, but also, as the nature of open-ended questions imply, the researcher did not want them to feel that they needed to memorise any answers.

4.5.2 Semi-structured interviews

There is a difficult balance in qualitative research between preparing participants for the sorts of questions and issues that will be explored and constraining that which they can talk about (Merriam & Tisdell, 2015). In acknowledging this difficulty and the sensitivity that is needed particularly in qualitative and IPA research (Dempsey, Dowling, Larkin & Murphy, 2016), it was felt that asking specific questions would place too much pressure on participants. This is because specific questions may have made them feel as if they needed to provide specific answers, particularly when reading the interview guide before the interview. After this concern was relayed to the supervisory team, it was decided to keep the questions, however, not only would they be shortened, but rather than be called questions, they would be referred to as topics in an attempt to keep the questions participant-focussed (McCrory & O'Donnell, 2016):

1. Topic: Let's talk about the time you first experienced engaging in therapy over Skype/videoconferencing medium.

Follow-Up: Can you say anything more about that?

2. Topic: What feelings did you have about Skype therapy/videoconferencing medium prior to using it?

Follow-Up: These feelings can be good, bad or just cover your concerns or appreciations about.

3. Topic: How would you describe your relationship with your counsellor on Skype/videoconferencing and also offline?

Follow-Up: Can you tell me more?

4. Topic: When in session, as you are on the computer looking at the screen and at your counsellor, do you find yourself solely focussed and present on what is being said?

Follow-Up: Can you describe any specific examples of this?

5. Topic: How do you compare this experience of interacting with your counsellor via the computer compared to working with him/her face-to-face?

6. Topic: What might make you prefer counselling over Skype/videoconferencing or face-to-face?

Follow-Up: Can you elaborate a bit more as to why you feel this way?

7. Topic: What do you feel that face-to-face counselling has to offer yourself as a client rather than interacting with your counsellor over Skype/videoconferencing medium?

Follow-Up: And vice-versa?

8. Topic: Did you find ending your session on Skype/videoconferencing with your counsellor easy or difficult?

Follow-Up: Can you tell me more about why it was easy or difficult?

Interviews are expected to last up to 60 minutes, though may be longer.

A key rationale for having participants see that they would be discussing topics rather than questions was to introduce them in a way where they would be

invited to share experiences rather than feel it need to be rehearsed, as having specific questions listed in the guide might have suggested. A pilot interview was conducted using this interview guide with the help of an individual who was 60 or older and also a therapist by background, asking her about experiences she had as a client. Though it was disclosed to her that this was only a pilot interview, and not officially part of the research, it was conducted to see how she would answer these topics based on how they were asked. Similar to the findings of Danivas et al (2016), who used pilot interviews to refine interview questions into an interview guide, this was done in an attempt to see how the interview would flow at first, understanding that there would be some structure but at the same time, know when there would be pitfalls within the interview.

The pilot interview informed that there would be times when the participant might go off topic and may start talking about specific discussions with a counsellor in therapy. Nonetheless, as IPA research in psychology can often depend on a researcher's counselling skills (Culley & Bond, 2011), it was intended to create a facilitative and welcoming environment for the participants to discuss their experiences, and expect that at times, participants would venture off-topic. The challenge can include finding a way to steer the conversation back to topics necessary for this research (Rossetto, 2014).

4.5.3 A unique case

It seems pertinent to acknowledge the experience of interviewing Emma, who was the last participant interviewed in this research project. Emma was interviewed on Skype, which might sound both ironic and important. IPA encourages (Smith, 2008) that the researcher put him or herself within the mind of the participant, that he or she is immersed within the participant's worldview. This was hoped and expected throughout the research process, and this researcher kept a separate notebook of questions, feelings, thoughts and images that occurred during my interviews with the participants that were unrelated to exploratory commentary, emerging themes and eventually superordinate themes that were derived from the data itself.

After examining this researcher's own notes for the participants, Emma's interview notes were understandably quite different. Whereas the other participants' interview notes had similar flavours of thoughts and feelings about where the participants described sitting and the objects around them that they brought to their therapist as this researcher was in the room with them, the thoughts and feelings differed with Emma. The interview began with the technical issue of not being able to hear one another, and both researcher and Emma having to type out that the connection needed to be ended and that Skype needed to be restarted. The thoughts and feelings were initially revolving around jubilation and excitement but soon turned to frustration and fear that Emma would become frustrated as well and not wanting to continue the interview. However, after reconnecting and acknowledging the initial and brief conversation via text before Skype was restarted, there was

acknowledgement of these difficulties, with Emma acknowledging that she was not frustrated and expected this to happen as well as a shared desire to continue with the interview as planned. This fear the researcher exhibited that centred on Emma's disappointment and ability to move forward indeed occupied much of this researcher's thoughts and feelings and added another dimension and understanding to working with individuals using videoconferencing technology.

After reviewing the initial notes, thoughts and feelings of Emma's interview, it reminded the researcher that this was a unique experience. The feelings of trepidation, frustration and uncertainty this researcher had initially of how this interview with Emma would move forward after our initial technical disruption was unique because he was reflecting on using the technology himself when this thesis is about others' experiencing of engaging with the technology. Despite this being a research project of experiences in engaging with therapy via videoconferencing and face-to-face media, experiencing these technical disruptions and feelings the participants first hand enabled this researcher to furthermore put himself in the mindset of these participants, which is what Smith encourages the researcher to do in IPA work.

4.5.4 Transcription

This researcher recorded interviews on two different digital devices, with one being used as a backup recorder. The interviews were transcribed verbatim and as it has been suggested by Rennie and Fromer (2015), no more than one week after each interview so that the data would still maintain a level of freshness in this researcher's

mind. Nearly all of the five interviews were scheduled before the first interview was set to occur. With there being an interview roughly every three weeks, this allowed the researcher a sufficient amount of time to transcribe each interview, which can be necessary when engaging qualitative research and IPA guidelines (Jacob & Furgerson, 2012).

An initial transcription of each interview included filler words and pauses, including "yeahs" and "hmms" in order to remain as close to the participants' world during the analysis (Rodham, Fox & Doran, 2015). After each initial transcript was typed, it was then checked and re-checked for accuracy. As noted in the ethical considerations section, any reference to place names and identifying information were omitted from the transcription. As per the BPS Code of Conduct (2009) and the Data Protection Act (1998), each participant and their subsequent transcript for this research, as well as any identifying information and personal data on signed consent forms were kept separate from the recordings, and will be kept for ten years in accordance to the Roehampton University's ethical guidelines.

4.5.5 Data analysis

With the idiographic nature of IPA (Brooks, McCluskey, Turley & King, 2015) and after initial transcription and reading of each transcript, it was decided to focus on one transcript at a time. This was done to better understand participant views, focus on their meaning-making and voice in the transcript, which are all crucial points in the transcription of IPA (Larkin, Watts, & Clifton, 2006). Each transcript was listened to, typed up and listened to a second time to check for

accuracy. It was then printed and was formatted so that a wide margin was on the right side for first notes. There was also a wide margin on the left hand side of the page that would be used for any emerging themes that were arising from the data.

The analysis process would act as a funnel (Lyons & Coyle, 2016), where transcripts for all five participants would be read, and included initial, exploratory commentary and interpretive coding individually, as referenced above. After this, the amount of data worked with was narrowed, from the wide amount of data each transcript provided, to the narrowing of data through the exploratory, interpretive coding, emerging themes and superordinate themes, which in particular would be analysed together rather than individually.

4.5.5.1 Reading the transcripts

After each transcript was printed, it was read over multiple times, but in conjunction with the recording of the interview. It was felt that by reading while listening to the participant's voice, it kept this researcher with one eye on the data and one eye in the world of the participant. As cited in the work of Vicary, Young and Hicks (2017), when engaging in IPA research, it can be prudent to keep a separate reflective journal kept with one's own thoughts as they would arise throughout the data collection and analysis stages. There were times throughout the reading of each transcript that this researcher had thoughts about the data each participant was presenting, but rather than note them on the transcript, it proved an interesting practice to review these thoughts in a separate journal. These thoughts

were usually written after reading the transcript for a third time, seeing if any more thoughts came to mind after one last reading.

4.5.5.2 Exploratory comments and interpretive coding

After each transcript was read and re-read, initial exploratory comments were noted. This was typed on the right hand margin of the data, and this process was repeated for each participant. Some of these comments can be key to understanding each participant and include associations and preliminary interpretations about the data they are presenting (Smith, 2011). Similar to questions posed by Shinebourne (2011) and Smith (2008) that can occur when conducting IPA research, some of the questions that were going through the researcher's mind when making these comments were: what was it like to be the participant? What experiences, events and relationships were being described and claimed by them? What do these experiences appear to mean to them? And also, how would their stances in relation to these experiences be characterised?

After these initial exploratory comments were made for each participant, further analysis was conducted with the first participant to provide more interpretive coding, which according to Willig (2008), can include more abstract, psychological ideas. This process was once again repeated for each participant. These remarks were made in a separate colour and underneath the exploratory comments, and also in the right hand margin. Further questions appeared in the researcher's mind when interpretive coding took place, which included: what makes it interesting that the

participant expresses the claims and concerns made, and in what way is it done? What words have raised attention and what images are possibly conveyed?

As suggested in IPA analysis by other researchers (Saldana, 2015; Finlay, 2014), certain words were circled and underlined in the transcript. After underlining and circling and typing up these words for easier reading, time would be taken to reflect on why these words or phrases proved interesting, and then the writing on the right hand column would follow. Overall, the interpretive coding process proved to be more abstract than the exploratory commentary, and also included psychological terminology in order to succinctly note a participant's experience.

4.5.5.3 Emerging themes arising

Once the exploratory commentary and subsequent interpretive coding were complete for each participant, emerging themes from the data were identified and were noted in the left hand side of the margin. This process started with the first participant and would move on to each of the five participants thereafter, with concise phrases that captured the core of a participant's experience that attempted to bring together material from the commentary, as these themes came from the commentary and not directly from the data, as is suggested as good practice in IPA research (Biggerstaff & Thompson, 2008).

4.5.5.4 Connections between emerging themes

After emerging themes were developed, it was attempted to find connections between the themes, which were reworded slightly from their original inception. It was at this point that each participant was not being treated as a separate entity but now, the data from five participants needed to be simultaneously. For ease in achieving this, a separate document with a table that was created which included five columns, one for each participant, was created. Each emerging theme for each participant was noted in the left hand side of the margin for each participant was transferred over to this document. This researcher felt it was important to see the themes side by side for each participant, and as recommended practice (Larkin & Thompson, 2012), the themes were placed in chronological order in each column of where they appeared in the transcript, so that they could be easily located when referencing to the data was needed.

4.5.5.5 Developing superordinate themes

It was at this point, after developing a table of emerging themes for each participant that the themes were examined closely for further connections. As the table proved to be quite long, the researcher found themes between the participants that seemed to be similar but were at various points in the table. It helped to print out the table and physically cut different themes that seemed to be similar across the participants in order to determine their commonalities. Once it was ascertained that each participants had similar emerging themes, they were given tentatively labelled superordinate themes that captured the thread that ties them together (Smith,

Flowers, & Larkin, 2009). The superordinate themes were then added to the emerging themes table. These themes were temporary at the time, and upon further discussion with my supervisory team, the superordinate themes were discussed and condensed even further. What resulted from the data were three superordinate themes resulting from ten emerging themes (please see below in the Overview section for the final table of superordinate and emerging themes).

4.5.4.6 Final analysis

Following the completion of the analysis, as it has been suggested (Brooks et al, 2015), it is necessary to perform a final review of all emerging and superordinate themes and their accuracy. This was achieved by revisiting transcripts once more to ensure quotes and themes link back to their respective transcript (Smith & Osborne, 2003). For ease and organisation, the table of emerging themes and superordinate themes as well as quotes taken were printed, cut and placed next to each transcript. It was found that this process of properly organising material and seeing the data once more side by side with the transcript resulted in further re-naming of the superordinate themes and the emerging themes.

4.5.6 Validity of data

To examine whether this research meets valid standards, Elliott, Fischer, and Rennie (1999) outlined guidelines that are especially pertinent to qualitative research. This researcher feels these guidelines are applied to this project and to IPA research in particular. They include:

1. *Owning one's perspective.* This is further defined (Wagstaff et al, 2014) as authors specifying theoretical orientations and personal anticipations in advance and as they are relevant to the research. Elliott et al (1999) cite even describing personal or training experiences as being relevant to the subject matter or beliefs about the phenomenon being studied. In the case of this research project, the researcher's personal beliefs and influences in researching the experiences older clients have had in engaging with videoconferencing counselling in particular are documented, as having limited but intriguing experience of working with clients older than 60, and personal experience with family needing and being curious about psychological care when they simply are unable to get to a therapist's office.

2. *Situating the sample.* This is described as research participants and their life circumstances aiding the reader to address the range of persons and situations in which the findings might be relevant (Elliott et al, 1999). What this research project does, which according to falls under what they consider good practice in IPA research (Smith, 2011), is that basic descriptive data about the participants (including their age, gender, and occupation) are provided. Because this information is given, that these participants are all at least 60 years old, that they are all female and have a therapist background, this researcher is providing the reader with necessary information about the sample that provides further context

about them that may or may not influence their experiences in experiencing videoconferencing therapy as compared to their face-to-face experiences of therapy. Other authors (Smith, 2011; Robinson, 2014) seem to argue that because this is a homogeneous sample of the same gender, a similar age group with similar professional backgrounds, this enhances the validity of the data.

3. *Grounding in examples.* This is described as authors needing to provide examples from the data collected that illustrates the analytic procedures used in the research and the understanding developed in light of them (Elliott et al, 1999). What is described as poor practice is providing themes of data with only a description of what that theme means, without providing any examples (Yardley, 2000). Contrary to this example of poor practice, in this research project, four superordinate themes are provided and while a description of each theme is provided below the theme title, the analysis and good qualitative practice would not be complete without examples from each participant, including specific quotations (which are italicised in the results section below), to illustrate a full understanding of what makes these themes a robust outcome of the data.
4. *Coherence.* This is described as the data and results represented in a way that achieves coherence and integration while preserving nuances in the data. Good practice is considered as providing an integrated summary of

the analysis, in addition to organising the presentation of data around rich, memorably-named categories. As it is necessary in IPA research to maintain this level of good practice through coherence of data by integrating it into emerging themes and ultimately organising it into superordinate themes (Brocki & Wearden, 2006), this research project illustrates this process in "Table 2", located in the "Results" section below. Moreover, in this table and subsequent analysis, the data within each of the superordinate themes gathered is shown to have coherence and integration through relevant emerging themes.

5. Results

5.1 Results Overview

In this chapter, findings are presented from the Interpretive Phenomenological Analysis of the clients' experiences and comparison of engaging in counselling through the videoconferencing medium of Skype and face-to-face. The five semi-structured and open-ended interviews resulted in the emergence of three superordinate themes which were created from emerging themes in the data.

The superordinate and emerging themes for the participants listed in Table 6 were gathered from analysis first taken from exploratory comments within the transcripts themselves. Tables 2, 3, 4 and 5 below illustrate this process:

Table 2: Example of emerging theme for Judy

Transcript quote	Exploratory comment	Emerging theme
Judy: I couldn't necessarily see what he was doing. For me, I would think it's important to show the client on Skype what you're doing, so that I don't like magic and mystery.	Unable to see what therapist was doing on Skype, awareness of therapy space or lackthereof as seeing therapist's technique felt mysterious.	Therapy space is present throughout therapy.

Table 3: Example of emerging theme for Eldred

Transcript quote	Exploratory comment	Emerging theme
Eldred: I can tell you more about the bathroom than him, because everything was so perfect, modern, minimalist and perfect, it makes me smile, and I could just about describe the room to you.	Can tell more about the bathroom, feels therapist's space and everything in it is perfect. Mentions perfect twice, perhaps feeling intimated or judged? Powerful moment for her as she describes herself smiling with emotion.	Awareness of physical space.

Table 4: Example of emerging theme for Clara

Transcript quote	Exploratory comment	Emerging theme
Clara: But there is something about, that's the difference in Skype I suppose, and with starting it as well, that it's sudden. It's not that ritual where the person opens the door for you, let's you into the room (waiting room to exit), sit down on the chair, straighten yourself up, it isn't that. It's just sudden, I haven't really thought about that before.	On Skype, therapist not opening door up for her, letting into room to exit, noting feeling on chair. For Clara, the ending on Skype can feel less personal, less intimate.	Compared to in therapist's room, on Skype, ending can feel less intimate.

Table 5: Example of emerging theme for Millie

Transcript quote	Exploratory comment	Emerging theme
Millie: I suppose the fact that I knew things about her, although not intimate things, um, actually drew me...drew me to her, and my projections turned out to be more or less right um, on the other hand, we always had other projections that were maybe right or wrong, it's a really interesting one.	Knowing things about therapist through social media drew her towards this therapist. Perhaps made her feel more interesting and willing to to engage with her.	Knowing her therapist before, through social media, predates the therapy itself, is a precursor to therapy.

The final superordinate themes and emerging themes are detailed in Table 6 below:

Table 6: Superordinate theme and subthemes

Salience of the physical space	***Resourcing the ending process***	***Relationship with the medium as a dynamic process***	***The therapeutic relationship transcends the medium***
Therapy space is present throughout therapy	*Ending therapy in person accommodate the transition*	*Perceived competence with technology*	*Knowing the therapist as a precursor to therapy*
Client curiosity regarding therapy space	*The ending of videoconferencing therapy compared to in person can feel less intimate*	*Initial doubt and ambivalence*	*Feeling heard in the therapeutic encounters transcends medium*
Client awareness of physical space	*Videoconferencing necessitated a protocol to manage the foreshortened ending*	*Ultimate empowerment*	

It should be noted that the superordinate themes including the salience of the physical space, resourcing the ending process, relationship with the medium as a dynamic process and the therapeutic relationship that transcends the medium do not reflect all face-to-face and videoconferencing experiences of clients ages 60 or older. As indicated previously, pseudonyms have been used to maintain anonymity of the participants and named individuals who were gracious enough to participate in this research project.

5.2 Superordinate theme 1: Salience of the physical space

This superordinate theme captures clients' experiences concerning the use of physical space across both face-to-face and therapy sessions via the videoconferencing medium. What is particularly compelling is that meeting via a videoconferencing did not remove physical space from the realm of clients' awareness. As the analysis below indicates, whilst there were differences in the ways in which the physical space was important across the two modalities, the salience of physical space per se was an important feature regardless of whether the therapeutic encounter was face-to-face or via videoconferencing.

5.2.1 Emerging theme 1: Therapy space is present throughout therapy

This emerging theme provides a comparison of the client experiences of their spatial encounter of both the therapy room itself and the virtual space when they first walk into or open their computer, and during the sessions themselves. Starting with the physical room, approaching a new and unfamiliar room can be daunting for clients as they are unaware of where to sit, what objects might be around them, and

there may be feelings of being uncomfortable as the size of the room. This seemed to be the case for Millie, as she described walking into her therapy room for the first time:

> Extract 1: *"Well as I say at first, she practices in a very uh quite a small room and I, I for whatever reasons really value space um, so I felt that a little bit that we were a bit too close in the room, so that made me feel slightly uncomfortable…"*

Similarly, Eldred discussed the process of what happened to her not just what happened before she entered the room with her therapist, but what it was like to approach the room and how it may have seemed like an intimidating experience.

> Extract 2: *"It is more scary to have to go to a new place, have to meet the other person coming around, do numbers on the door to get in, and I dunno, there's something less warm, less homely about it."*

Millie was describing her experience of what it was like to be in the room with her therapist upon the first session, and Eldred was describing her experience of approaching the therapist's room as it happened on multiple occasions throughout her time in face-to-face therapy. What seems to be a common link between both of their experiences in the physical environment was a sense of intrusion that was both *"uncomfortable"* and *"scary"*, whether it came from the amount of space in the room or having to go through a lengthy process of pressing numbers or having to run into another person before even meeting the therapist.

This is not to say that the therapy room for all participants was uncomfortable or scary, but indeed was present in their minds. In fact, Emma described her experience of being in a room with her therapist throughout her times in therapy as being *"welcoming"* and having *"lots of books and nice colours"* despite being a very small room. Clara and Judy as well did not disclose any feelings of discomfort or uneasiness about the physical space, but certainly seemed to notice it. Clara mentioned some occasions at the beginning and at different points of her therapy session even running into her therapist's family members, as her counselling was in his home. She described it as being a *"welcome"* and *"nice"* experience.

The other participants seemed to have similar experiences at the beginning when engaging on Skype with their therapist, with Millie saying *"I'm thinking she's (the therapist) in my flat, she's in my house, this is weird"*, but they all seemed to have similar, pleasant experiences of using the videoconferencing medium once the initial trepidation of getting used to seeing a therapist on Skype dissipates. The trepidation occurred at first because of technological error or "letting" the therapist into their home environment, as Eldred says about worrying over her therapist seeing her home, *"Well I would just make it tidy. I wouldn't have left my clothes on the chair, but I suppose to start I would have been more careful"*.

Despite having two different therapists face-to-face and on Skype, Eldred would say that her face-to-face therapist would keep watching the clock, while she found her therapist on Skype not making her feel like time was being kept, and that she felt *"quite immersed"* in the session on Skype, which would take place in later

sessions with her therapist. Emma was able to echo similar sentiments, and that during her time engaging on Skype for therapy, felt that it *"was very easy for me to be emotional, when I'm sitting here on my own in the living room"* in later sessions.

5.2.2 Emerging theme 2: Client has curiosity regarding therapy space

From being aware of the different nature of being in the room with a therapist while seeing him or her through a computer screen, this emerging theme reflects the experiences of clients who referred to the curiosity of the therapy space. This seemed to be a curiosity about the therapist specifically and his or her environment in which participants either felt they had something to gain or lose by entering the therapy space and engaging with the therapist in person or expressing similar curiosity while on Skype with this therapist. The curiosity appeared to be evident at different points in the therapy. As Judy described when first engaging with her therapist on Skype, she talked about becoming curious about his room as she wanted to feel more connected to him. She remarked that the best way for her to feel more connected in this sense was to act on her curiosity of his room after seeing it via Skype and that she could only see part of the room. There appears to be a sense of curiosity about the therapist through his physical space, even while walking to the therapy room, as Judy describes:

> Extract 3: *"Normally I'd be going into my therapist's home, walking through, going into this room, so you get an idea of the location in the building, might be stuff you could see out the window, so you get much more of the flavour of the other parts of your therapist which aren't said. You*

know, something about taste, about, there might even have passed some photographs on the way."

This curiosity expressed by Judy seems to involve even more than just the physical space she walks into. It was interesting to note how she described walking into her face-to-face therapist's environment and specifically his home. She might have passed by photographs that could give a clue as to who he is as a person, that he can be more than just a therapist, that perhaps to Judy, he is a human being, someone with a life outside of the therapy space.

She further elaborated on her therapist's environment stemming from curiosity:

Extract 4: *"I'm curious about my therapist…and thinking ah, is this room that you use, is it just for therapy? There was something about the books over there or the outlook from the window."*

When it was asked if she felt like she was able to ask the therapist about his space and what made her feel curious enough to do so, she responded by saying that she might take steps that were *"aggressive in the Gestalt sense where you go out to get what you want in order to feel as connected as possible"* as she felt she *"needed to know more of him"*.

The concept of the therapist being more than that, that she is a human being was something not lost on Millie as well. Unlike Judy's curiosity about her therapist while being face-to-face, she expressed curiosity about her therapist seen through

videoconferencing as she reflected on his physical environment. Though the curiosity of Judy and Millie appear to be coming from different stances:

> Extract 5: *"I think things that I don't think face-to-face, like she could have the whole family next door and be you know, going oh I just had this ridiculous client, and I never think things like that. You just don't know the context somebody's in."*

While Judy seemed to express a curiosity of the therapist's life while she passes objects to meet him in the room, Millie appeared to express curiosity about the therapist's life from a point of concern. The environment of a therapist being in his or her home, with thoughts or concerns from a therapy session with a client could be fresh in his or her mind after the therapy session ends, which Millie was concerned may leak out to family members or others at home.

It did not appear evident that all participants wanted to know more about the therapist's space while on Skype or in the session. Eldred appeared to be an outlier compared to the other participants regarding curiosity of her therapist's space whether in person or on Skype. She did not appear to want to know more about her therapist after meeting with her face-to-face and then on Skype, and in fact, felt that any curiosity or desire to know more was contained while on Skype after saying she did not feel the same sense of boundaries as when with her therapist face-to-face:

> Extract 6: *"With this woman there was, and let's say, I don't know, if I went to reception to see that she was there, I would feel very odd because it's*

not…that intimacy is contained within the hour, and somehow that feels easier to contain on Skype."

The only time Eldred seemed curious about the therapy space was not the actual environment at all. It seemed that she was able to express curiosity about her Skype therapist's space as it related to her personal life. It seemed Eldred took an interest and curiosity in her therapist's personal life because it was shared. Eldred had spent previous years living in Sri Lanka and found that this therapist on Skype was originally from Sri Lanka. Understanding this, she would find herself curious about the therapist, especially knowing that there would be an absence in therapy:

Extract 7: *"Yes, I would have been curious about her experience with family because she took a gap of 3 weeks because she was going to a wedding in Sri Lanka, and meeting relatives she hadn't seen since she was 12, I would like to have learned more but I wasn't obliged to ask"*.

It seems that compared to other participants, Eldred took a sharp interest in the personal life of her therapist through this shared Sri Lankan connection.

Similar to Eldred not wanting to know more about the actual surroundings of the therapy room or about the space when on Skype, when asked about curiosity of the space in person or on Skype, Emma would find herself not focussed on being curious over the therapist's life or space around her:

Extract 8: *"I think that the space, it must do something with my body, that I come to her space, sit on her chair, and there was a client there 10 minutes before me and I know that because I see him before, but there's something*

about the freedom, there's a fiction when I'm with her, so it needs another concentration with me in this space. But I have learned there, I have trained it, and she herself allows for this".

It seems that in Emma's case, she was using previous therapy training to sidestep any distractions that may come from engaging with the therapist. In the case of meeting the therapist in a room, she mentioned that, like Judy noticing others outside of therapy, such as in photographs, Emma would notice, however find a way to block this temptation to be curious about who else might be interacting with her therapist.

5.2.3 Emerging theme 3: Client awareness of physical space

After establishing a curiosity of the therapist's space, it seemed that in relation to the therapy space itself, whether it was on or offline, participants were very much aware that the physical space, whether it be their own or their therapist's, can be brought into their therapy experience. Additionally, this emerging theme will discuss how their awareness of physical space seemed to play a part in forming judgements about the therapists or the clients themselves.

Beginning with Judy, besides being in the room physically with the therapist, the experience of engaging in therapy via videoconferencing (on the Skype medium as was the case for all participants), had its difficulty, especially being aware of trying to use her physical environment in a virtual setting. She was practicing a technique called Thought Field Therapy (TFT), and mentioned it was necessary in this technique to tap her fingers on different parts of the body. She described that on

Skype with her therapist, she was not able to *"necessarily see what he was doing"* and thus was not able to know why she was tapping in different areas. She said this experience made her feel *"done to"* and felt uncomfortable with the *"magic and mystery"* in how some of her sessions involving TFT felt too *"technique"* oriented.

Clara also discussed using her physical space in the virtual, and mentioned that at the beginning, it felt *"weird that he (the therapist) would see (Clara's surroundings in the room) without him being here"*. However, she found this unique situation and seemed to turn it to her advantage as she used her immediate surroundings and brought it into the session. Specifically, she brought personal items in from her home that would be used in the session that she may not have considered had she not been in her home:

> Extract 9: *"So there's things like that and I often take things like photographs to show him. But things like that picture, which is of my son you didn't meet, um, I think was behind there (points to another part of room). It was there at one point and he had asked me about it, who it was and who had painted it, which I never would have got, we would have obviously wouldn't have taken that to therapy with me".*

Rather than bringing one's own physical space into the virtual environment, Millie and Eldred's videoconferencing therapy experiences brought an awareness of their therapist's physical environment.

Millie's earlier quote when expressing curiosity about her therapist's space after having a session over Skype and that her therapist could have her *"whole family next door and be you know, going oh I just had this ridiculous client"* suggests possible hesitancy and a potential fear of judgement when reflecting on the therapy space because it took place right in her therapist's home. She further explained that it was this curiosity of her therapist's physical space that simultaneously made her *"cautious"* about asking her therapist's surroundings, and that these are things she thinks about particularly on Skype rather than face-to-face.

Like Millie, when Eldred talked about her therapist's environment, though when meeting in person, by saying, *"I can tell you more about the bathroom than him, because everything was so perfect, modern, minimalist and perfect"*, there was an element about his "perfect bathroom" that enabled her to form a judgement about who her therapist was that ultimately made her seem uncomfortable in that environment. This reflection on her experience seemed to be such a powerful and negative moment for Eldred, as seen below in Table 4 in an excerpt of the coding process when first reviewing this part of her transcript and identifying a developing emerging theme from exploratory commentary:

In addition to her therapist's environment, when interacting with a therapist on Skype, Millie also found that her own environment could be judged: *"In here I'm sitting at home, and I do have to make sure this isn't too untidy behind me because she might see it."*

What this information from participants seem to suggest is that the environment can have both an immediate and lingering effect to whether clients can feel judged. In Millie's case, the immediate proximity to other family members and being in a home can lead to judgements about her, while Eldred suggests that she herself can form judgements about her therapist based on his environment or the therapist can judge her based on her own.

5.3 Superordinate theme 2: Resourcing the ending process

This superordinate theme focusses on the ending of sessions, both in person and on Skype. The clients seemed to be aware of just how important the ending was with their therapist in both media. This level of awareness and interest in the ending of sessions is perhaps not a surprise given their studies and knowledge about the structure of sessions, being therapists themselves. The endings that the participants describe are not just in relation to the final moments of the session, but what appears to be just as important are the actual moments in which they leave the room. What is especially interesting is the way in which receiving therapy via videoconferencing appeared to raise specific issues concerning the management of the ending process, with agreed protocols being necessary in this form of therapy rather than in face-to-face sessions, where the physical situation helped facilitate the ending process.

5.3.1 Emerging theme 1: Ending therapy in person in the physical situation helps accommodate the transition

The concept of time can move in different ways in therapy, and the clients appeared to experience time in different ways according to the medium they were using. In this emerging theme, the concept of a stretched and gradual ending seems to be a key reflection among participants when thinking about their experience not just within the therapy session in person but also just after the therapy session ends. As Judy states:

> Extract 10: *"When you're face-to-face, you still have time to get to the door. Well, I've never had a therapist that has as it were, an office where you get out of that door there and that you have to get out of the building, so I've always had a therapist where they're taking me to the front door."*

In addition to feeling like she has had more time to end a session in person, it is particularly interesting to notice how Judy's experiences add a social element to the ending of a session. It is not a case of just her saying goodbye to her therapist and walking out the door herself, but being walked out by the therapist and having an additional, albeit, quick conversation after the session ends that adds to her experience.

Similarly to Judy in regards to the gradual ending of sessions in person, Clara described: *"There's sort of a ritual isn't there where you get up and walk out of that room to the door, you say goodbye and walk down the path".* Clara would further remark on how her therapist would walk her to the door, which added to the gentile

nature of the experience. The description of ending sessions in person being a ritual seemed to be shared as well by Millie:

> Extract 11: *"Face-to-face is really good and worked well with the endings with her (therapist) and there's you know, the ritual of walking down the stairs, saying goodbye, opening of the door and you have to walk to the tube station to complete the transition of leaving".*

Eldred appeared to be an outlier compared to the other participants when thinking about the ending in person. While the other participants reflect on their experiences with ending sessions as comfortable and allude to it as being a time of relaxing and winding down, Eldred appears to describe this time in a different light:

> Extract 12: *"When you leave the counselling session and walk out, if it's been a good session, either it's disturbing or not, something's happening, you want to think about it but you've got to get in the car, you've got to go somewhere, you've got to walk down the street, it's like you have to put on your public face immediately".*

What this appears to show is that for Eldred, the time she spends leaving the session to her next destination is that it is a period of distraction which stops her from reflecting on what has just happened in the session.

Rather than feeling the possible ill-effects of ending the session in person, it seemed Emma drew on her therapist training to acknowledge and accept the difficult nature of ending a session:

Extract 13: *"I think that this is what I really learned, you know through my training, which was a big, kind of epiphany. The importance of endings. So I have learned very much to celebrate endings and to, even if it's difficult, to really be okay with that difficult".*

5.3.2 Emerging theme 2: When first engaging with videoconferencing, the ending compared to in person can feel less intimate

After reflecting on ending therapy sessions in person and being aware of the gradual transition that occurs from leaving the therapy room to the outside world, this emerging theme reflects most of the participants who described their first experience with videoconferencing technology when it came to ending the session as feeling more abrupt and that they were not as engaged as heavily with their therapist or their own experience of being in the room and being aware of what is happening with themselves as they end the session.

Judy reflected on endings for her in person as winding down in which it even felt social with her therapist , whereas on Skype, the ending felt different:

Extract 14: *"So there's always a time of being in therapy and perhaps, just being social. Um, so it's like a winding down, and of course on the Skype you don't get that, it's you know, we're working and it's end of time. It's abrupt."*

Clara appeared to express similar sentiment to Judy in drawing comparisons between the endings across the two different media:

Extract 15: *"But there is something about, that's the difference in Skype I suppose, that it's sudden. It's not that ritual where the person opens the door for you, let's you into the room, sit down on the chair, straighten yourself up, it isn't that. It's just sudden, I haven't really thought about that before."*

Millie appeared to agree with the other participants, though seemed to relive her experience and describe it even further by talking about ending not just being abrupt, but also being a matter of trust in technology:

Extract 16: *"In face-to-face, as a client, I don't like endings very much I feel used to them and at least you can dig, that if I say goodbye and I now walk out of the room, it's not that the door is gonna work or not work or something, I can trust the technology around me if you like (laughs)."*

In Millie's case, while she agree with the others about the uncomfortable nature of ending sessions, it was interesting to see how she felt as if she could trust that her surroundings in person, such as the door, would facilitate her ending smoothly, whereas the ending on Skype might mean that the ending would not be smooth, that the technology would fail her.

The other two participants, Eldred and Emma, appeared to experience the ending of sessions via Skype in a different light. Eldred acknowledged that ending sessions on Skype was abrupt, but seemed to feel relieved when comparing with face-to-face therapy endings:

Extract 17: *"But when you leave the counselling session and walk out, if it's been a good session, either it's disturbing or not, something's happening, you want to think about it but you've got to get in the car, you've got to go somewhere, you've got to walk down the street, it's like you have to put on your public face immediately, but with Skype you didn't have to."*

The quick nature of ending sessions on Skype appeared to be a relief for Emma because she did not have to put on her "public face" after Skype, she could instead end the session and sit with what has happened in her session and in her session and not have to interact with others immediately.

While Emma also acknowledged that ending a session on Skype can feel quick, she did not seem to experience any discomfort with it:

Extract 18: *"I think it's easier I think because, it depends. So for me now we are going to end very soon, so it's like when we finish, we turn it off and I'm back, it's very quick. When you are live, I have to walk, I have to take the train, I have this movement in the body, you have to take this into account, but again I think this is a skill that I am now trained in, this is for me, I have done it so many times that it feels very natural. So I don't think there's anything worse or bad of having therapy on Skype. On the contrary, I think there's a lot of potential in it."*

In fact, Emma here is reflecting not just on past experience but in the present moment while using her current surroundings. The fact that we were currently engaging in an interview on Skype made her think back to the experience of ending

sessions in person, and having to think about other things that she noticed about herself, in this case her body movements and how the uncomfortable nature of ending in person needed to be practiced.

5.3.3 Emerging theme 3: Videoconferencing necessitated a protocol to manage the foreshortened ending

On the subject of practicing endings, in this emerging theme, compared to first engaging with videoconferencing therapy and the feeling that ending sessions via this medium felt quick, what seemed to help overcome the quick nature of ending a session on Skype was to establish a practiced protocol.

Regarding the ending of sessions on Skype, Judy felt that whenever her sessions ended on Skype, it lacked the gradual nature of ending in person, and described it as being *"abrupt"* as indicated in the previous emerging theme. However, her experience of ending sessions on Skype seemed to encompass more than just the actual ending of the session itself, but the entirety of the sessions on Skype. What helped her overcome the unique abruptness and help her *"forget"* about this uncomfortable ending of Skype sessions was when her work with her therapist was finished. She reflected on feeling comfortable just knowing that her therapist, in the final few sessions, her therapist had *"said to me a number of times you know, you can always come back to therapy".* While Clara may agree with Judy in that ending sessions on Skype can feel a bit *"sudden"* and is missing the aspect of not being able to walk to the door with her therapist, she described being able to overcome this unique aspect of ending sessions because of the meaning behind it.

For her, she described the meaning of ending sessions as a form of acceptance and understanding, where her and her therapist accepted that flipping the computer screen down was the agreed and accepted way of ending the therapy session on Skype.

What seemed to help Millie adjust to the uniqueness of endings seeming abrupt on Skype was devising a plan with her therapist on how to end, when the therapist would say to her: *"So how shall we do this then, we could count, 1, 2, 3 switch it off, um, uh or decide that one of you is going to switch it off before the other one".* In addition to dealing with abrupt endings, what makes Millie's experience seem especially unique to the other participants was her expression not of the idea that ending sessions on Skype is abrupt, but what it means for her and what happens next for her. She talked about having an intense session with her therapist on Skype but feeling confused as to what to do next now that she was in her own home and did not have to make the journey back via the tube or other form of transportation:

> Extract 19: *"I think it's weird…what am I going to do to move from being a client to just being in my home? What do I do? I dunno, probably make a cup of tea or something, but yes, very different questions come up from face-to-face".*

Besides making oneself feel confused, Eldred seems to appreciate the quick and unique nature of ending Skype sessions rather quickly:

Extract 20: *"So what I could do after the Skype thing, I could make a note, write myself a message, or I could sit about for a bit. I couldn't really do that face-to-face because I had to go away. You know, I could have sat in the car, I mean I'm sure some people do, I could have sat in the car and but you know, there's business of the traffic warden coming. You know, it felt a lot more hassely, um, and there's something quite nice, about when the machine goes off, all you lose is the face. You don't have to care to pay the money, do the this, I never thought about that before, but it is kind of simple and immediate. No faff."*.

Much as Emma had accepted the endings, whether in person or on Skype, would be difficult, she reflected that what seemed to help her overcome having to end a session on Skype was feeling a sense of mastery over it:

Extract 21: *"It wasn't difficult, it was a really, for me, something really really pleasurable to discover my own mastery of endings and this is really something that I've taken with me. That the handling of the ending, you know to learn the tools to handle, and organise the ending".*

Similar to Millie, Emma further remarked that in order to accept the unique nature of turning off the computer and ending on Skype, what had helped was practicing the ending with her therapist, which would involve them both shutting off the computer at the same time, and acknowledging that the ending was coming soon and allowing for feelings to be discussed about it.

5.4 Superordinate theme 3: Relationship with the medium as a dynamic process

This superordinate theme specifically relates to the participants' experiences with videoconferencing technology. They discussed having initial perceptions about using the technology and having competence in using it. However, being able to use videoconferencing technology does not necessarily mean they were initially confident that it would work for them in therapy, but even after overcoming this initial doubt and ambivalence, they felt empowered to use videoconferencing technology as a therapeutic medium.

5.4.1 Emerging theme 1: Perceived competence with technology

Using a new technology can be a daunting task, but perhaps it is not surprising that these participants, being that they admitted to using Skype in their practices already as well as for personal use, felt competent and comfortable in being able to use the technology own knowing how to use technology in order to gain a sense of confidence when engaging with therapy via Skype.

Eldred expressed a great deal of confidence and familiarity with computer technology: *"Well I think I'm very familiar with computers, especially for someone my age, well, I don't like Facebook but I still use the computer".* The same can be said for Emma as well, and being used to using technology seemed to have its advantages:

> Extract 22: *"I'm at the university, and I also know that it is very you know, it's almost like a choice but it's a choice also to sort of be in your own time, to stay on the digital you know, development. And for me it's a choice that is*

helping me I think to stay young you can say or you know it's…now I think that it's really important".

However, in Eldred's case, what seemed particularly disturbing for her was the notion that a previous, face-to-face therapist appeared to have a preconceived notion that because of her age, she may not be able to operate future therapy on Skype when discussed:

> Extract 23: *"The issue with the face-to-face one seemed to be his preconceived idea about what age was, and um, it is a what do you call it, because so many of my friends think, when I get to 60, that they've got one foot in the grave. And I'm like saying, for heaven sakes, stop it! Like oh you know, maybe…it's all in the mind and so it is something that I'm quite conscious of, it doesn't bug me anymore, but it did bug me at that time".*

This reflected much of her described experience with her face-to-face therapist as someone who she felt did not listen to her, did not look at her in therapy, was watching the clock in their sessions and not watching her. Indeed, knowing how to use computer technology, and knowing that it can be interrupted, seemed to prepare her for therapy on Skype.

5.4.2 Emerging theme 2: Initial doubt and ambivalence

The next two emerging themes relate to the participants' experiences of initial doubts about engaging with their therapist via the videoconferencing medium of Skype and ultimately feeling sense of confidence and strength not just in using the technology itself but also feel more empowered with the therapy experience as well. All participants seemed to share having an initial doubt about the process of engaging with a therapist at first on Skype, but seemed to overcome it through their relationships with their therapists, which is a key reason why these themes are placed within this third superordinate theme. It should be reminded that as all of the participants have had training and work as therapists themselves, there was an obligation for each participant to engage in therapy, albeit each therapist had different circumstances leading to them seeing a therapist on Skype (Judy – personal preference and began with therapist on Skype, Clara – therapist moved away and continued via Skype, Millie – she needed to move away and continue her sessions on Skype, Eldred – personal preference and began with therapist on Skype, and Emma – she needed to move away and continue her sessions on Skype).

In this second emerging theme, initial doubt and ambivalence over the use of Skype seemed to be present. However, this doubt and ambivalence is not in relation to the use of the technology itself, but how it would affect the therapy sessions. In particular, there seemed to be initial concern from Judy about the technological aspect of Skype, specifically leading to being cut off from the session, leading to added stress over not being able to discuss issues at length with her therapist:

Extract 24: *"Because then you're stuck with are we gonna, you know for any of those issues about not getting what you really need, it's really really highlighted, because like I've started saying all of this stuff and I've been cut off in the middle."*

For Clara, doubt in using Skype did not seem to stem from technological aspect of being cut off from the session. Unlike Judy and Eldred, who began with a therapist on Skype, Clara described initially switching with her therapist in an in-person environment to Skype as experiencing loss:

Extract 25: *"It felt like a loss really. You know I wouldn't be going on that route to where he lived, it was just weird to think it was in my home now. So that was strange. And as I say, I felt quite anxious about whether it would be as good, yeah lots of stuff about that really but in a sense it was because I was having such difficulty at the time with the supervisor, I was quite focussed on that really, the content on what the therapy was going to be about rather than what was going on".*

An additional point to make about Clara's initial doubt over whether her experience on Skype would be as rewarding as face-to-face was the idea that she focussed on the content of the session. It is curious to think that focussing on the content of the session and holding back on feelings in the face of a loss of loss from the physical to virtual may be a possible defence for a client. This was not a unique feeling to Clara, as Millie seemed to share it when reflecting on her experience as well:

Extract 26: *"Well yes, holding things back, and also what it brings up for me…Well about the fact that if I feel things go wrong, I won't really know what to do. So it brings up my own helplessness and um so that would, that would leave me probably to hold back perhaps unconsciously, so it's great to be talking, some of this coming to consciousness, I'm realising for the first time so part of me going I better not go too far with this because, because if it, an unknown anxiety, if um everything stops working, um, then I'm just left with it and I just don't you know, all of that."*

Eldred's initial doubt appeared to come from the notion that something would be taken away from therapy when engaging on Skype. The example she thought would be taken away is her not being able to write things down, as she would do when speaking to a therapist offline: *"I've done a bit where I write things down where I forget because I don't want to forget things, but I just thought that Skype wouldn't be…I don't know that it would lack something."*

Emma also had initial doubt about the therapy process, but it did not appear that this doubt was from meeting or working with a therapist on Skype in the beginning, it appeared to be that initial doubt and trepidation came from the difficulty of approaching the session in person and walking to it, which made her unique among the participants:

Extract 27: *"The commitment, you know is maybe, I don't know, maybe it feels more committed and more work when you have to walk through*

London, go down to south London, hold the door, go sit there and it's very like, serious."

5.4.3 Emerging theme 3: Ultimate empowerment

It seemed apparent that once the participants overcame initial doubt and ambivalence of using Skype, they seemed to not only feel more comfortable engaging in therapy using it, but felt empowered by it, as evidenced in this fourth emerging theme. Judy described that with motivation and determination, how she felt it necessary to break down a distance barrier that Skype created for her: *"I think that the real importance with Skype is breaking down the idea of distance in trying to create as it were a bubble on which you both are."*

Breaking down distance is one example of a client feeling more empowered in using Skype, but one could say that breaking down the technical difficulty, such as with eye contact and having the therapist guide her through this process is another way to feel empowered using this technology. As Clara mentioned: *"Yeah that was good…he just told me to look at the camera I think, and if he or I lose eye contact somehow, but I don't think I lose eye contact, maybe he'll say to me if I'm not getting eye contact with you can you look at the camera".* Similarly to Clara, Millie felt more empowered using Skype when addressing this difficulty with her therapist:

Extract 28: *"Well in some ways it was wonderful because it felt, I felt that my therapist was really meeting me because I think each occasion, no, yeah each Skype occasion was because I was struggling in one way or another um, so I*

felt oh wow this is someone who's prepared to think about how we connect if it's difficult for me, and that felt very important".

Despite feeling as if she was going to lack the ability to write something down when engaged in therapy on Skype, she did not mention it again when asked about it later in the interview. Her answer when reflecting on her actual experience of being with a therapist on Skype seemed to be of the contrary:

Extract 29: *"But I don't think it would have been any better if she was in the same room, because she was genuine, she understood and listened to me. And she did make interventions, she suggested things and stuff but they were always spot on. In fact she confronted me a couple of times and it was good, it worked, she would pick up on certain things I said, and it was good. And uh, it made a very big difference to me, I got through it because I was stuck".*

Unlike other participants, Emma seemed to appear quite at ease using Skype with her therapist and felt empowered with it just based on the idea that she described it as being *"very easy"* to use. She also seemed to be empowered by it in therapy not necessarily based on her experience with her therapist, but also by calling the process of using Skype *"a development"* as she has had many experiences of *"Skypeing with many other people"*. It appears that her comfort in using Skype as a client with her therapist was founded on confidence based on non-therapeutic interaction with the technology.

5.5 Superordinate theme 4: The therapeutic relationship transcends the medium

For any therapeutic encounter to be meaningful, perhaps it is not surprising that all five participants discussed in length the importance of their relationship with their therapist, as covered in this superordinate theme. This was certainly expected, understanding that all participants have therapist backgrounds, and at one point in their training were educated on the importance and necessity of establishing a relationship. But as this research project aims to understanding these participants' worldview and experiences as it relates to both face-to-face and videoconferencing media when engaging with their therapist, it was particularly interesting to note how the relationship with their therapist seemed to depend on two parts: having a sense of knowing their therapist before beginning working with them, whether that is in person or on Skype, and also the experience that they seemed to feel heard by their therapist, which transcends any preference towards either medium.

5.5.1 Emerging theme 1: Knowing the therapist as a precursor to therapy

This emerging theme entails the importance participants discuss on knowing their therapist before therapy begins. What is most interesting in the cases of the participants is that while they all placed importance on knowing their therapist, they were able to feel a sense of knowing their therapist in varying degrees.

Before starting work with her therapist on Skype, Judy knew that it was a requirement for her training in energy psychotherapy to engage with a psychotherapist, though preferably with an energy psychotherapist. She talked about

not having much interaction with her therapist on Skype, who she met briefly at trainings:

> Extract 30: *"So I chose somebody who I had seen on other trainings but I didn't know. I hadn't engaged with him on the trainings but I thought because there aren't very many people that could do it, I thought I'll have him and there is nobody local to do face-to-face. So um, that's what happened. I said to him I'd like to have some therapy with you and so we Skyped".*

Judy initially discussed that needing an energy psychotherapist is what went into her decision of having him as a psychotherapist, but continued to allude to the idea that she felt comfortable to engage with him on Skype. This was not just because of his work as an energy psychotherapist, but because of how she had seen him interact with others on the training. When first meeting him, she found herself asking, based on who she had seen at the energy psychotherapy training, did she feel she could relate with him?:

> Extract 31: *"What I had seen with him interacting with other people. So something that I liked about him was that he's got a good sense of humour…now with this, and maybe particularly because I was aware it was going to be Skype, so I'm thinking who might I relate to here? There are people that you know simply aren't it for you. And I had the luxury of seeing a span of people I might have used. And even people that would be*

recommended by somebody else and I think, actually there's something about you that doesn't feel quite right."

She went on to talk about having a flavour of knowing this therapist and how he interacts through limited offline interaction, which was still necessary for her before making a decision to engage with him on Skype, while also saying that meeting with a previous offline therapist and knowing his environment adds to the idea that she knows who the therapist is: *"Well I think is what it does for you is that you feel you know your therapist more, so that you relax more into the relationship"*. She would go onto ask him, *"is this room that you use, is it just for therapy? Um, there was something about the books over there or the outlook from the window"*. This was all done in an attempt to know the therapist more, to feel more relaxed about working with him. It seems with Judy's experience, knowing in person could be achieved through seeing his or her environment with her own eyes while with Skype, was content to work with the therapist after seeing him briefly in an offline interaction.

But knowing can have an additional meaning, for Clara, knowing your therapist before therapy begins meant hoping his therapeutic style was not a certain way. She reflected on a first experience with a therapist face-to-face in which he seemed guarded and not interested in her which made her unwilling to reveal details about herself when beginning therapy with a different face-to-face therapist (who she would then go on to see on Skype). As she reflected, *"I mean I suppose I was cautious to reveal things after that other experience, but when I did (with the new therapist), he sort of reacted in a way that I like. It was sort of built up I suppose"*.

She then discussed that his reaction was one which made her feel listened to and understood, which was different than her previous face-to-face therapist. But it was knowing what her previous therapist was like and that he reacted coldly to her revealing details about herself that made her feel unable to know if the new therapist would react warmly to her, she only knew what she experienced in the past, and as a result, her cautious nature made her not know how her new experience would play out before she felt comfortable to continue with her therapy.

From a cautious nature to approaching a new therapist to a less cautious approach, Millie seemed to exhibit a rather unique experience of getting to know her therapist by combining both of these elements. She reflected on an experience in which she had the same therapist in person and on Skype. Like Judy, she talked about having seen her therapist through brief interaction at workshops but also through literature, saying that she attended a few workshops she ran while also reading literature she wrote. While this was one element of getting to know her therapist before meeting her, she had an unusual experience of using technology to get to know her therapist: *"I was her Facebook friend and that was an interesting thing".*

It seems that getting to know her therapist through the social networking site, Facebook, gave her more than just knowing her therapist before therapy, it gave her the opportunity to know about her personal life:

> Extract 32: *"We've talked quite a bit about that* (their social media connection) *so I, I knew, we knew things about each other if you like that um,*

you wouldn't normally know about your therapist or your client, um, I mean neither of us put terribly intimate things up there, but nevertheless, one knows that she is in a relationship, has a niece, things, things like that you wouldn't normally know".

While she disclosed that they agreed to stop being Facebook friends once beginning therapy, she seemed slightly ambivalent on reflection of knowing and connecting with her therapist via Facebook:

Extract 33: *"Actually, this is a really good conversation because thinking about it it was quite odd knowing things about her that I hadn't know about previous therapists and in my you know, training, work, I think it's quite important that your therapist is, is a blank, a blank-ish sheet…You could never be a completely blank sheet, um, uh, and here we were. Not at all blank sheets to each other so although we didn't particularly know each other well".*

Despite expressing opinion that therapists need to be a blank sheet, when reflecting on her experience, it seems that she appreciated knowing things about her therapist, even if through Facebook:

Extract 34: *"I suppose the fact that I knew things about her, although not intimate things, um, actually drew me…drew me to her, and my projections turned out to be more or less right um, on the other hand, we always had other projections that were maybe right or wrong, it's a really interesting one".*

Like Millie, Eldred too seemed to appreciate knowing something about her therapist's personal life that drew her towards participating in therapy with her. Eldred disclosed living in Sri Lanka at one point her life, and knowing that her therapist on Skype, even without meeting her in person, was from Sri Lanka herself was a positive aspect to seeing her. Eldred reflected on the importance of understanding common culture that was brought up in the therapy session itself:

> Extract 35: *"I think I've come to the conclusion that it's the personal contact, whether it comes on Skype or off Skype because I felt that this woman got to know me pretty well, but it turns out that she was Sri Lankan, so it was like, what? This was said to me on the 2nd session, and I wanted her to say why did she choose me, and I'm like it's because you have all these qualifications, do do do, and you're BACP and BPS and all that, but she said, do you know I'm Sri Lankan? And I said no! So it made, we're talking about culture again aren't we, because she understood the culture I've been in."*

Comparing this to her face-to-face therapist, for Eldred, the idea of knowing more about him and what his surroundings had to say about him, if anything, may have caused an unpleasant experience in that particular therapy. When asked about her experience of knowing her therapist after seeing his surroundings, she reflected:

> Extract 36: *"What made an impression on me with the other person was the room, him, what he was wearing and how he shifted about, and whole other things that were distracting me in the room, because they affected me...well*

cause I'm judging this person who spent all this money on this posh office with this posh wall paper with the exactly correct pictures matching what's in the bathroom and everything. And I judge that, I shouldn't judge that but I know I do, and it detracts from him".

While with her therapist on Skype, she reflected that: *"She might have had a gold statue behind her face, but I couldn't see it because I could only see her face".*

Emma appeared to differ from the other participants in that she seemed to know her therapist quite well before her therapy began. She explained seeing her therapist on Skype at her educational institution and would talk to other often informally in a supervisor-context. They were not getting to know more about their personal lives as Millie did with her therapist through Facebook, but instead worked in a more colleague to colleague context: *"Yes, I noticed that also because we had this supervision, that it's more like it's now with you that we are equals, colleagues".* It seems for Emma, knowing her therapist in a different role enabled her to see her on an equal level, which took away a potential power dynamic between a client and therapist.

5.5.2 Emerging theme 2: Feeling heard in the therapeutic encounter transcends medium

From getting to know your therapist and the technology itself, this emerging theme reflects the participant experiences during their therapy sessions. It mostly covers their time on Skype with their therapist, as they all seemed to come to similar conclusions based on their reflections that for them, there is less of an emphasis on

which medium they see their therapist and more on building the relationship and feeling heard.

Despite having some trouble with her therapist on Skype in getting the TFT technique correct, and the fact that she did not appreciate the *"magic and mystery"* of not understanding it, it seemed Judy was able to overcome it and even not place it with as much priority as the therapist himself. Reflecting on the technique not going right with her therapist, *"And I think that's what so crucial to me, it's not that someone isn't always spot on, but they have that genuine curiosity for me".* The genuineness her therapist showed would come through understanding:

> Extract 37: *"And I would feel right now that if I wanted to say something to him that he would understand me or that he would be trying to understand me. If it weren't that he was using a different energy method, I would go back to him no problems".*

She would add that she would indeed go back to him whether he was on Skype or in person. Eye contact was of particular importance to Judy, and she reflected her therapist not only looking at her through the camera, but how important it was for her to look at him, even if that meant looking at the computer screen and not the camera: *"I didn't look at the camera, I looked at the computer screen. I think that's really important because you are actually looking at him".*

It was interesting to note that Judy at times felt she was able to establish a child-parent relationship with her therapist, even when it felt as if there were technological issues: *"It felt like mommy's not feeding me properly".* This child-

parent relationship was not just felt on Skype, but for Clara, it seemed to be evident and important when she first interacted with her therapist in person, before moving on to Skype:

> Extract 38: *"I'm not sure, well we laughed, there were quite serious things we talked about but we laughed. He seemed to be very fatherly really, sort of the father I would have liked to have had, with a sense of caring, looking out for the best for me".*

It appeared to be through laughter, genuineness felt, like with Judy as well, that Clara felt a sense of trust and kinship that her therapist was someone that was looking out for her, which contributed to their relationship. It was not just laughter Clara experienced that contributed to the relationship and ultimately, to safety, but it was other nonverbal behaviour, in which there was *"something about body language and the way he spoke, the way he reacted to me I suppose. It felt very safe especially compared to the one before".* It seems Clara felt heard through nonverbal behaviour, and this was happening in person. But when moving the therapy to Skype, and knowing there was trepidation about feeling heard or listened to, she talked about the importance of going through with her therapist about engaging with eye contact:

> Extract 39: *"He just told me to look at the camera I think, and if he or I lose eye contact somehow, but I don't think I lose eye contact, maybe he'll say to me if I'm not getting eye contact with you can you look at the camera, he just tells me what to do".*

Also, it was interesting to see how she felt listened to as they worked through potential technical disruption together, *"If there were problems (such as being cut off), but then he would say I'm at least going to try now to go back to visual so that we can say goodbye to at least look at each other".* She described this as being an integral part of her experience that helped build their relationship. Clara would go on to say that she continues to see her therapist to this day, and they made a plan to see him when he is in town for an in-person session, and that their relationship had not been hindered while on Skype.

Clara seemed to emphasise her therapist's level of concentration on her on Skype as a way of enhancing their relationship. Eldred similarly talked about the importance of feeling as if her therapist was giving her adequate attention:

> Extract 40: *"She was concentrating, she was concentrating on me the whole time, she didn't make notes, in fact she made notes at the very beginning, she said excuse me, I'm going to write down this, this and this, and she told me what she was going to write down".*

Also like Clara discussing her therapist being directive, at least in the sense of giving her warning of an action about to be taken, it seems Eldred experienced something similar. Whereas a therapist being directive might be seen by a client in a negative light, it seems for Clara and Eldred, it was appreciated and understood as a way for the therapist to show that he or she was concentrating on them, which is an integral part of feeling listened to and heard, especially on the videoconferencing medium.

Millie seemed to reflect on just how important the trustworthiness with her therapist in a face-to-face and videoconferencing setting was, and the fact that it felt as if it stayed the same for her: *"Well, a sense of trust had stayed the same, um, yeah. The quality of listening felt similar"*. Emma described her initial desire and reflection of wanting to feel as if she has been seen or listened to in her therapy in person: *"I think maybe I needed to have this experience of being seen and listened to, live, first. Well I think it's about trust, that I have the confidence that I will have the trust".* She does not just want to feel listened to or heard in person first, but like Millie, emphasised the importance of having trust with her therapist. Also for Emma, it seems as if this sense of trust and feeling listened to came from feeling present:

> Extract 41: *"I think that with her on Skype, she was on Skype like you are now, it was more of a dialogue that like we are having now, it's not just that I'm talking into a the screen…she makes it clear, like she is with me, like you're doing now. Now you're all the time confirming that you hear what I say and you come back to me. Sometimes if I speak for a very long time, she never of course interrupts me, but I think there's an awareness between us".*

Here Emma is using the interaction between researcher and her to describe how she felt at the time when engaged in therapy over Skype. It seemed as if she felt her interaction with her therapist was real, genuine, and that her relationship was able to transcend the medium of videoconferencing, the actual computer screen, through confirmation over what was being said and knowing that she was given the space to feel heard.

5.6 Brief summary of findings

From the analysis, four superordinate themes emerged from these clients' experiences of videoconferencing and face-to-face therapy. The results highlighted the important aspects of their experiences that emphasised a salience of the physical and space, that there was a resourcing of the ending process, that the relationship a client has with the videoconferencing technology medium is dynamic and that the relationship between therapist and client transcended the medium used. An interesting feature of these superordinate themes is that they went beyond what the researcher had initially expected by capturing unexpected features of client experience of these media in therapy.

With these results and analysis, the following section discusses the implication of these findings.

6. Discussion

This section identifies the main conclusions that can be drawn from this research project. A summary of the previous section's results and analysis will be provided. It will be followed discussing key issues with implications this research provides for therapeutic practice and methodological reflexivity. This section will conclude with researcher limitations and suggestions for future research.

6.1 Overview

This research aimed to provide in-depth and personal insight into the world and experiences of clients ages 60 or older as they reflect on their therapeutic experiences engaging with a therapist both in-person and via the videoconferencing medium. Semi-structured interviews of five participants using IPA was conducted and data from these interviews was analysed. It would appear that existing research into clients of this age group and their experiences of therapy both in-person and through the videoconferencing medium is limited, with much of the literature analysing experiences using quantitative data. This research was meant to provide deeper insight of these experiences from clients of this age, to learn what meaning they made after having these experiences and to develop an awareness of issues of how practicing psychologists might work with clients these clients on both face-to-face and videoconferencing media such as Skype.

It is acknowledged that the results from this research are only relevant to a specific sample. However, instead of attempting to make claims for a larger

population, as one could expect in other studies, as an IPA study and based on a gap in literature, it was only sought to examine one group.

6.2 Results summary and implications

As a result of the analysis, four superordinate themes emerged from the data: salience of the physical space, ending sessions is a process, the relationship with the medium as a dynamic process and the therapeutic relationship transcends the medium.

In order to appreciate both the literature and theoretical application, it is worth exploring implications from the original research questions asked, which include:

1. How does the videoconferencing counselling experience differ for clients aged 60 or older when reflecting on their face-to-face experience?
2. How do clients aged 60 or older experience using videoconferencing technology like Skype in therapy?
3. How does the client's relationship change with the therapist when engaging in the videoconferencing medium?
4. How do clients aged 60 or older make the decision to use videoconferencing technology like Skype?

Whilst these were the original questions, consistent with IPA research (Smith, 2011), the researcher's framework for understanding the data emerged from engagement with this data directly. Rather than testing these research questions to an a priori hypotheses and finding that participants specifically discussed answers to

any and all of these questions, it was found that from the analysis, the four superordinate themes discovered were not anticipated before the research began.

The first superordinate theme explored these individuals' experiences as they interacted with therapists while being in the room with them and while on the videoconferencing medium, and in the case for all of them, it was on Skype. Their experiences that yielded a curiosity of the therapy space and the space itself forming judgements are interesting findings and practical implications that will be discussed in more detail in section 6.3.1.

While they were able to reflect in detail about what it was like to be in the room with the therapist, it is perhaps not surprising that when beginning sessions on Skype with their therapist, there were technical related issues that resulted in frustration and confusion in their experiences as it falls in line with previous qualitative research discussed in the literature review (Cipoletta et al, 2017).

However, initial technical issues aside, the participants appeared to experience using the technology with relative ease and did not disclose many technical issues repeating. These issues could have related to not knowing how to use the Skype programme, not knowing where to look or how to maintain eye contact. The results from the data contradict some literature (Mallen et al, 2005 & Marquie et al, 2002) that acknowledged older clients not trusting new modes of therapeutic delivery like videoconferencing and not having as much trust in it compared to a younger generation.

The second superordinate theme explored how endings were managed. It was originally not expected to go into this level of detail about the ending as the prospect of ending the sessions via videoconferencing technology is not widely seen in the literature whether the clients are older or adolescent (Vogel et al, 2012). Perhaps the ending was noticed and explored by these participants not just because of the abruptness of ending a session on Skype or because ending a session in person almost seems to slow time, but because of their therapist backgrounds and have had many opportunities to think about the impact of ending a session both as a client and as a therapist. Nonetheless, with their experiences, and in line with Levy et al (2017), Lindsay et al (2015) and Collie and Cubranic (2002) as mentioned in the literature review, it was not surprising to see that in their experiences, the individuals were able to recall that the abruptness of ending a session on Skype was seemingly in part relieved by establishing a protocol by counting down or ultimately feeling a sense of gaining mastery over the difficulty abrupt endings present.

The third superordinate theme focussed on how the relationship the participants had with the technological medium of videoconferencing was a dynamic process, where they felt able to use the technology, but had an initial doubts and ultimate empowerment to how the technology would work when engaging in the therapy session. The participants' experiences in finding that videoconferencing technology did not appear to affect their preferences over which medium they use appear to confirm previous studies (Ramos-Rios et al, 2012; Sheerana et al, 2013). However, what these studies did not cover is that initial struggle and doubt over

whether videoconferencing would be a viable option for these participants, which could be further uncovered in a research project designed as this one has been.

The fourth superordinate theme concerns the relationship the participants had with their therapist that transcended the medium of therapy, whether it be in person or on Skype. Previous studies, as mentioned in the literature review (Reese et al, 2016; Stefan & David, 2013; Day & Schneider (2002); Rees & Haythorntwaite, 2004 and Simpson et al, 2002) note the importance of developing therapeutic rapport to strengthen the alliance and relationship between therapist and client. Given their therapist backgrounds and noting the literature above, it was thus unsurprising to see that the individuals in this research project focussed much of their time in the interviews reflecting on their experiences on the relationship with their therapists. Despite meeting with a therapist both on Skype and in person, the medium and their initial doubt and ambivalence over using the technology was less important to their worldviews while instead, they were able to feel heard and seen by their therapist, important aspects of building a relationship with their therapist, regardless of the medium. Furthermore, the potential concern from therapists establishing working alliance via videoconferencing, as seen in the study by Rees and Haythorntwaite (2004) in the literature review, appears to be contradicted in the data by the participants as seen in this third superordinate theme.

6.3 Key issues for therapeutic practice

Some of the findings have resulted in unsurprising results that are in line with previous literature. However, the findings in this research suggest unexpected findings and broader issues that were not prominently featured in the literature review that can have larger implications for therapeutic practice. It has been selected to focus on the following issues that can have a profound impact, particularly on therapeutic practice: curiosity of therapy space, knowing as a precursor to therapy and age playing a prominent role for these clients when reflecting on their experiences in face-to-face and videoconferencing therapy.

6.3.1 Curiosity of therapy space

This is an issue that encompasses mainly first superordinate theme of the results and subsequent analysis. It was interesting to see how participants seemed curious to know their therapist more and can do so based off of his or her surroundings. While Cipoletta et al (2017) discuss that inter-session contact and moving between the face-to-face and videoconferencing media became a therapeutic issue for client and therapist and suggests that the space the therapist uses with the client, particularly on videoconference can be problematic, this results and analysis of this research project would suggest otherwise. While some of the participants expressed curiosity of the therapist's surroundings after the session had ended on Skype, it could be said that not knowing your therapist's surroundings pointed to concern, and can prompt caution over whether they are being judged by their therapist, it does not change the fact that their curiosity can lead to further problems.

One of the participants, Millie, disclosed in the interview that this feeling of possible judgement over her curiosity of where her therapist is located wanted to make her discuss with her therapist even more. It begs the question in therapeutic practice about disclosure and whether discussing concerns around a therapist's space can in turn enhance the therapeutic relationship between client and therapist. While it is generally up to the client and therapist to determine if that level of disclosure is permitted (Constantine & Kwan, 2003), the individuals in this research brought it up as a potential concern on Skype. They however later reflected in the interview that this is a point they feel comfortable sharing with their therapist and would gain benefit of doing so as it would help grow their relationship. Thus, it would seem that a key implication from these results is that to know more about one's therapy space is to know more about the therapist. This is what some participants were able to ascertain based on their physical environment as well, which could imply something about the therapist, or the way one therapist arranged his books and where his window was situated. Interestingly, unlike the other participants, it was Eldred who felt that the limitation of the visual surroundings on Skype actually limited her judgements of her therapist because the technology allowed her to only see her therapist's face, thus limiting this issue around a client judging a therapist based on his or her space.

Furthermore, curiosity and worry over judgement seemed to be one-sided as the participants did not seem particularly concerned about therapists becoming curious of their own home spaces where sessions via Skype took place, which undoubtedly would provide more information about themselves to the therapists.

This was indeed the case with Clara as she was able to bring personal items to therapy as she was already in her home. It would seem that in this case, the convenience of Skype taking place in an environment comfortable and familiar to the client enables one to bring information about one's self outweighs potential consequences of being judged, in this case by the therapist.

6.3.2 Knowing as a precursor to therapy

Getting to know your therapist and being curious about them seemed to be less than problematic for some of the participants, especially for Millie, who was unique to the other participants in using social media to know more about her therapist. Becoming a therapist's Facebook friend and getting to know that person online before therapy begins can be seen as crossing ethical boundaries (Zur & Donner, 2009; Vartabedian et al, 2011) in addition to becoming a distraction within therapy (Heinlin et al, 2003). But this revelation of some personal information regarding her therapist's demographics did not seem to stop Millie from seeing her therapist. It was disclosed in the interview that any concern over having this knowledge about her therapist before sessions began was mitigated by talking about this discovery and acknowledgement of personal information with her therapist.

Knowing one's therapist does not mean necessarily only gathering personal information about them on social media. Given the therapists' backgrounds, it was not surprising to hear them discuss attending various psychology training events nearby to where they lived. It was at these events that they would meet with other colleagues and see presentations about various subjects and topics from other

therapists. Thus, they were able to know more about their therapists not just through browsing one's website, as it can be expected for clients to find therapists this way (Lehavot et al, 2010), but through their work, through brief personal interaction at these events and ultimately find them (as was the case for the participants) relational and appealing to work with.

In regards to a therapist's digital presence, such as on social media sites like Facebook, and one's presence at an event, it brings up the larger issue that a therapist can be known or understood both on and offline and can attract clients in this way. The aforementioned point about websites being a place to know more about therapists is one such environment, but with the growth of social media's popularity and usage among the everyday population, it begs the question of where ethical boundaries are crossed. While in Millie's case, it did not seem to affect her therapy but there can be cases where it does. This research project is not at liberty to debate in full over the ethics and morals of contacting a therapist via social media prior to therapy commencing (please see section 6.3.4 for further discussion) , but this researcher does take the stance that if social media is to be used and allowed as a communication tool between therapist and client, an established protocol and contract need to be established as to maintain boundaries and not compromise ethical standards (Kolmes & Taube, 2016) between the therapist and client. Nonetheless, it is acknowledged that a client can learn more about a therapist through social media and through speaking events a potential client may be attending, and that one needs to count these levels of personal interaction that may lead to further dialogue and eventual therapy.

6.3.3 Does age play a role?

It was originally expected that age would have some impact on clients ages 60 or older on using videoconferencing technology in therapy while comparing face-to-face therapy, as outlined in the literature (Blit-Cohen & Litwin, 2004; Selwyn, 2004; Rogers et al, 2000) and certainly as evidenced in the choice of the research title. It seems that there is research that compares both (Doze, Hailey, & Jacobs, 1999; Day & Schneider, 2002; Stefan & David, 2013; Berger, 2017), but does so by looking at clients in large groups younger than 60 years old. While there is acknowledgement of older adults receiving adequate mental health support via videoconferencing (Banbury et al, 2017), it remains to be seen as to whether one's age plays a prominent role in using videoconferencing technology, particularly when compared to face-to-face therapy.

It was surprising that participants did not explicitly discuss age in relation to using Skype. It is possible that the participants might not have mentioned age in the interviews because of an ego protective function not wanting to deal with old age and death. They also could be aware that age is an issue, but, insofar as the data speaks to the subjective experiences of the participants, what I had anticipated with age being a factor to them did not appear in the data.

Furthermore, they were given information sheets before they agreed on participation, were given the opportunity to ask questions before the interviews began while also having a debriefing opportunity at the end of interviews to discuss concerns. This researcher hopes to add to the existing literature and did not want to

bait participants into answering questions specifically about their age and usage of videoconferencing technology and face-to-face therapy or come to the interview having prepared answers to specific questions. This was the reason to provide participants with potential topics in the interview rather than an interview guide containing specific questions.

In only one case did a participant ask about age. It was Clara, who asked if anything more needed to be known about her age at the end of the interview, and expressed curiosity about this researcher interviewing clients over a certain age. The response to her was a tactful one, asking if she felt any part of her age affected her experience of engaging in both face-to-face and Skype with her therapist. She responded by saying that it did not, and did not have much to add to her experience that relates to age being a factor. This seems to further acknowledge that when reflecting on therapeutic experiences, the concept of age, difficulty using technology or difficulty having access to it did not seem to enter their minds. In Clara's case, it was only asked at the end and seemingly outside of the therapeutic experience. In other words, it felt as if it was asked because she was curious of this researcher's intentions in this research project rather than of her own experience, which was interesting in its own right.

6.3.4 The ethics of using videoconferencing in therapy

One aspect of particular interest that this research project unfortunately was not designed for was the ethical concerns of using specific technologies in therapy such as Skype (Anthony & Jamieson, 2005; Goss, Anthony, Jamieson, & Palmer, 2001; Payne, Casemore, Neat, & Chambers, 2006). Questions over whether data and personal information as well as the connection being secure continues to be an issue with videoconferencing technology. It was not discussed in this research project and this issue did not arise with these participants, but these issues – and indeed, the absence of reference to them by participants – suggests that further attention to them should be a priority for counselling bodies' regulatory decisions and training provision in the future.

These concerns noted in the literature discussed above, addressing issues concerning using videoconferencing technology, and Skype in particular, include questioning whether the session held on the computer is secure, concerns about who owns the data transmitted and whether others can access data. What is of particular concern, as Weitz (2015) identifies, is the lack of a coherent view amongst therapists regarding the security and confidentiality of videoconferencing counselling. Weitz (2015) cites some therapists as questioning the confidential and secure nature of videoconferencing technology while others express that they do not care, providing that the client is happy in the therapy session itself. In the light of both observations regarding the ethical issues that platforms such as Skype raise and in many cases the relative lack of therapists' awareness of and engagement with these issues national professional membership organisations need to lead the way in improving ethical

standards. This may entail not only additional regulation, but also, crucially, education and training about what constitutes safe and secure videoconferencing technologies... The current lack of awareness appeared to be the case with all of the participants in this research project, none of whom raised any concern about issues such as who own the data transmitted via Skype or the security weaknesses associated with Skype's lack of encryption. This could be because the scope of this research was about the therapeutic experience and interaction between themselves and their therapists and not entirely reflective of their level of awareness and concern regarding the importance of a safe and secure network. However, as Weitz (2015) notes – however much avoided in the present these concerns will only become more salient over the next t ten years, as it is likely that many more client complaints will come through regarding the lack of attention to client confidentiality, particularly where platforms such as Skype are used.

In addition to issues concerning the propriety of the data and client confidentiality associated with videoconferencing platforms such as Skype there are other associated issues, which were obliquely referenced in the current research, concerning connections between client and therapist via social media. Using social media in this way, which one participant referred to in passing, raises issues about how professional boundaries are established and maintained professional boundaries (Kaplan, Wade, Conteh, & Martz, 2011). Whilst this was not expressed as being problematic when Millie referred to checking her therapist via social media in advance of their first session, it could have an impact on the therapeutic relationship, not least because therapists and clients may have access to personal information

regarding the other that might not otherwise be disclosed within the context of the therapeutic encounter itself. Kaplan et al (2011) question the use of social media to engage with clients, but state that it can be used as long as confidentiality is kept in ways that are in the best interest of clients. Some of their ideas, concurring with those of Haberstroh (2009) are as follows: avoid using public terminals and internet hotspots that can have "sniffing" programmes that captures information transmitted over wireless networks, keep separate Facebook and Twitter accounts for private and professional and communicate with clients through the professional account, and use privacy settings on private social media accounts to ensure clients who may search for therapists on the internet do not have access to personal posts and pictures. Together, these observations suggest that in addition to training concerned with educating therapists and clients about videoconferencing – with specific reference to the ethical issues associated with platforms such as Skype – there is a case for addressing the broader field of social media and how that can raise important issues for the client-therapist relationship.

6.4 Methodological reflexivity and a potential limitation

IPA was chosen for this research project as it was felt it would provide valuable insight into the subjective experiences of the participants. As IPA can be seen as idiographic and while not opposed to making general claims for larger populations (Smith, 2008), the results and subsequent analysis provide a detailed look at the experiences of a specific group of clients who needed to have specific experience on a case by case basis, thus it is not possible to generalise about all clients and their experiences engaging in therapy via face-to-face and

videoconferencing. As a result of using IPA and the intent that a more homogenous sample would yield more in-depth findings (Smith & Osborn, 2003), it was expected and acknowledged that self-selection bias (Robinson, 2014) occurred as the participants opted to self-select for their participation. Furthermore, this researcher hoped to localise this project as much as possible, with all participants having had their experiences in the UK, which further limits the ability of this research project to be generalised to larger populations and cultures outside of this country.

Particularly in the analysis stages, this researcher aspired for consistency and an in-depth level of understanding of each participant's experience in engaging in therapy both in person and through videoconferencing. It was attempted to block out any assumptions about participants and their experiences that were inherent before examining the data. To enable the phenomena to guide the research rather than come into it with pre-existing ideas (Pietkiewicz & Smith, 2014), it is acknowledged that this researcher's own experience of being with participants in their own environments and in Emma's case, on the computer, in part affected this researcher's interpretations and analysis. Thus, this research is partly an amalgamation of the interpretations of the participants and this researcher.

The process of working with these individuals both rewarding and challenging from a couple of aspects. It was challenging as it was expected that this research focussing on participants' worldview and in-depth experiences of engaging in therapy across two different media could uncover uncomfortable content. With two of the participants during the interviews, therapy content was revisited, at which point they became distressed and visibly upset by this. As is the case with good

practice in interviews (Gunzenhauser, 2006), they were asked if they were okay to continue with the interview or if a break was needed, in addition to providing them with the opportunity to debrief with any distressing concerns after the interview was complete. It was during these times that this researcher relied on therapeutic experience and giving them the space to feel heard that they may have been provided with therapeutic relief.

In addition to this challenge, what was both rewarding, daunting and mesmerising during the interview and analysis stages was the process of re-reading, note-taking and going back and forth between each participant when coming up with themes. But engaging with the daunting nature of the data ultimately made it rewarding and mesmerising as the data itself was a continual reminder to this researcher that engaging with clients both face-to-face and via a computer programme like Skype is something that will be done in professional practice, and that this information being received and in-depth experiences of older adults being examined can only help better prepare for this researcher's own professional future.

6.5 Additional limitations

Some of the limitations, at least methodologically, have already begun to be discussed in the previous section, but in this section, additional limitations will be covered.

As the sample was purposive, was from a limited pool of individuals who needed to be over the age of 60 and have experience in both face-to-face and videoconferencing media, the sample was small in size. Although IPA studies have

been conducted with only a single case (Smith, 2011), the sample size for this research project may not be seen by some researchers as large enough. Additionally, because the participants were self-selected and were all therapists themselves, they could provide unique insight to this research but were in fact providing insight not out of organic need but because they were required to go to therapy themselves as a part of their training programmes. In particular, there were times during the interviews where this researcher needed to redirect the participant back to their experiences as a client as some would begin talking about engaging with their own clients on Skype.

A further limitation can be seen in the lack of clarity with the participants' therapeutic experiences themselves. Participants were required to have at least one videoconferencing session and six face-to-face sessions of therapy experience. Participants were also asked to estimate the number of videoconferencing sessions and face-to-face sessions they have had. While some participants were discussing current, ongoing therapeutic experiences, others were discussing therapy that at the time of the interviews had already ended. The lack of exclusion criteria and requirements for eligible participation in this research project may have diluted the results as participants explored experiences based on two different perspectives, one being in hindsight and another being current, which may have affected what the clients were willing to share in interviews.

Another limitation is that not all participants reflected on experiences in videoconferencing and face-to-face therapy with the same therapist. Some of the participants in fact had different therapists in both these media, which provided an

interesting point of comparison, but limited the participant to discussing how the relationship with their therapist grew after switching with him or her to videoconferencing therapy from face-to-face or vice versa.

A final limitation can be seen in only referring to one videoconferencing technology programme. While the fact that they all used Skype to interact with their therapist adds to the homogeneous aspect of this research project, it would have been interesting to see if there were differences in the experiences client had if other videoconferencing technology was used. There are other videoconferencing technologies available to clients, and the specific platform used could provide for a considerably different insight into the therapeutic experience.

6.6 Future research considerations

Limitations aside, there are several suggestions for future research offered in which this research can be built upon and expanded:

1. *Comparing similar groups* - client experiences of engaging with a therapist via videoconferencing technology and face-to-face therapy can vary across different age groups and cultures (Meekums, Wathen & Koltz, 2017). While this research project was meant to add to the literature by exploring the experiences of clients 60 or older, it would be interesting to see a study comparing the experiences of clients across a spectrum of ages, ranging from young adult to older adult perhaps. Also, as these clients engaged with counselling in the UK, it would be

interesting to read a study about comparisons across different countries and cultures.

2. *Having the same therapist* - As this research project allowed for client experiences with different counsellors, it would be interesting for a study to build on this one with the experiences of clients who have had both face-to-face and counselling via videoconferencing with the same therapist, and see if it is found that their relationship changes and how so.
3. *Ending sessions* – as ending sessions proved to be quite different in person and on Skype, it would be interesting for a future study to explore the concept of ending sessions in greater detail, looking at specific nuances, protocol established between client and therapist and the differences in this regard in both media.
4. *Curiosity* – the curiosity concept from clients about their therapist was an aspect that was not necessarily expected in this research project. It would be interesting to read a study that devotes its entirety to this aspect and what specifically about a therapist's environment in person or what curiosities they have about a therapist's environment seen via Skype occurs. It would also be interesting to explore where this curiosity came from. As this research project was focussing mainly on the experiences of clients in two different media, there was unfortunately not enough time and focus that would have allowed for this interesting exploration.

6.7 In summary

This research does not seek to draw definitive conclusions regarding face-to-face and videoconferencing therapy, but rather to identify and clarify the experience of older clients across these therapeutic modalities. By taking the time to deeply explore a small sample of older clients' experiences, a picture has emerged that differs to what might be expected. The relative absence of issues pertaining to technology as a barrier to older clients questions some of the assumptions associated with the perceived difficulties in regard to using videoconferencing as a medium for therapy. Specifically, based on the findings and analysis of this research, it does not seem to be the case that age limits one's ability to work with videoconferencing when receiving counselling. The findings suggest for clients ages 60 and older, one mode of therapy is not preferred as being more important than another. Furthermore, the key findings of this research also raise issues that could not readily be envisaged in advance of empirical scrutiny, including the finding that the physical space still remains important even in videoconferencing.

It would appear that rather than older clients experiencing struggle and change when working with either medium, the clients showed through experience, it is not only possible but vital to bring a physical element into their virtual environment. In addition, aspects of therapeutic interaction that might not be seen as problematic could become an issue, such as finding a way to ending a session. Regardless of the specific issues that might confront older clients receiving therapy via both these modalities, above all else, it is the relationship with their therapist that matters most as it is the relationship that ultimately transcends the medium.

7. Appendices

Ethical approval statement

Please note:

The research for this project was submitted for ethics consideration under the reference PSYC 16/220 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 12th July, 2016.

Appendix A: Recruitment email to therapists

Dear (individual),

My name is Joshua Bourne. I am a Counselling Psychology doctorate student at the University of Roehampton, undertaking research into clients aged 60 or older about their experiences of one-to-one counselling via videoconferencing technology (i.e. over Skype) and comparing that with their experiences of face-to-face counselling.

I am writing to enquire if you might be willing to put me in touch with potential research participants aged 60 or older who have received counselling over one session via videoconferencing and face-to-face? It has been challenging thus far to find participants in this age group who have been seen with at least one session via videoconferencing and face-to-face and I'm really hoping you can help.

I take confidentiality and anonymity extremely seriously, and to maintain it, if you are willing and able to help identify clients for this project, I will email a unique identification number to the client as well as a reminder that when emailing me, it is imperative that he or she not tell me which therapist has informed him or her about this project.

The clients' participation would involve an in-person interview and debrief session lasting up to an hour and a half, which would take place within their home, at Roehampton University or location of their preference. Interviews will be confidential within the confines of the ethical procedures of the research project, which includes the stipulation that participants remain anonymous in the write up of this research and in any subsequent publications or presentations. The only exception to this would be in the case that a disclosure of risk to self or another was made, confidentiality would have to be breached in accordance with safeguarding protocols.

Should a client express interest in this research after your introduction, you and the client will receive a consent form confirming participation in this project, clients will receive an information sheet explaining more about the research (which I am also attaching to this email for you to view), and how to contact the researcher. In the meantime, I'm also attaching a research project flyer if you would like to present the project to clients this way. Clients identified as suitable and willing to participate in this research would also be given the opportunity to discuss participation with the researcher prior to interview.

Please note that participants have the right to withdraw from this study at any point.

Your help and time is very much appreciated and I thank you for taking the time to read this email.

Kindest Regards,

Joshua Bourne

Counselling Psychology doctorate student, University of Roehampton
Email: bournej@roehampton.ac.uk
Phone: +44 (0)7596560449

Appendix B: Research flyer

University of Roehampton London

Research Participants Needed for PsychD Counselling Psychology Research Project!

- *Title: The experience of videoconferencing and face-to-face counselling from an older client's perspective: An interpretive phenomenological analysis (IPA) study*
- *Participant requirements: Eight participants needed, male or female, ages 60 or older, must have had six sessions of counselling that includes videoconferencing (via Skype, e.g.) and face-to-face counselling*
- *Participants will take part in an interview about their experiences of* ***both videoconferencing and face-to-face counselling that may last up to an hour and a half.*** *The time includes a debriefing session after the interview is complete.*
- *All interviews are entirely confidential and will take place at a location discussed with the participant*

Any questions and contact information, please send to:

Joshua Bourne, primary investigator. **Email: bournej@roehampton.ac.uk**
Phone: +44(0)7596560449

Appendix C: Blog post on therapist's website

(original link: http://onlinetherapyinstitute.com/2016/10/07/calling-all-eligible-participants-to-interview-for-a-doctoral-research-project/)

Calling all eligible participants to interview for a doctoral research project!

Are you 60 years old or older? Have you received at least six sessions of psychotherapy, with at least one of them via videoconferencing (e.g. Skype?)

My name is Joshua Bourne. I am a doctoral student (PsychD) in Counselling Psychology at the University of Roehampton in London, UK. I am conducting a research project called The Experience of Videoconferencing and Face-to-Face Counselling from an Older Client's Perspective: An Interpretive Phenomenological Analysis (IPA) Study.

The project aims to explore older clients' experience in therapy via both face-to-face and videoconferencing (Skype, e.g.) methods and will help us improve our understanding of:

• How videoconferencing therapy differs for older clients particularly when reflecting on their experience with face-to-face therapy

• How clients experience using videoconferencing technology like Skype in therapy

• The relationship between client and therapist both on and offline

• How clients make the decision to use videoconferencing technology like Skype

I am looking to interview eight clients ages 60 or older, who are currently receiving (or have recently ended) one-to-one therapy for at least six sessions that include face-to-face with a therapist and via the videoconferencing medium (via Skype, e.g.).

If eligible, you will be invited to attend an interview, which will be audio recorded take place in either at your home setting or place of your choosing (as long as it is in the UK), the University of Roehampton or private rooms in British/Senate House Libraries.

All information provided will be kept confidential, and only accessible to members of my research team. All collection, storage and processing of data will comply with the principles of the Data Protection Act 1998, and has been approved under the procedures of the University of Roehampton Ethics Committee.

If you are interested in being a participant, please do not hesitate to contact me on my details below where I can provide you with more information. Thank you very much!

Joshua Bourne
Department of Psychology, University of Roehampton, Whitelands College, Holybourne Avenue, London, UK SW15 5PU. Email: bournej@roehampton.ac.uk. Phone: +44 (0) 759 656 0449

Appendix D: Demographic information form

Demographic form

Thank you for agreeing to take part in this research. You may refuse to enter any or all information.

Please fill in the following information:

1. **Please state your age:**

2. **Please circle your gender:**
   a. **Male**
   b. **Female**
   c. **Other**
   d. **Refuse to identify:**

3. **Please estimate the number of sessions (possibly in years, months or actual number of sessions) you have had therapy via the face-to-face medium:**

4. **Please estimate the number of sessions (possibly in years, months or actual number of sessions) you have had therapy via the videoconferencing medium:**

Appendix E: Participation information sheet

Participation information sheet

This research project is called *The Experience of Videoconferencing and Face-to Face Counselling from an Older Client's Perspective: An Interpretive Phenomenological Analysis (IPA) Study*. It aims to explore older clients' experience in therapy via both face-to-face and videoconferencing (Skype, e.g.) methods and will help us improve our understanding of:

- How videoconferencing therapy differs for older clients particularly when reflecting on their experience with face-to-face therapy
- How clients experience using videoconferencing technology like Skype in therapy
- The relationship between client and therapist both on and offline
- How clients make the decision to use videoconferencing technology like Skype

What participation involves:

- This research is looking to interview eight older clients ages 60 or older, who are currently receiving (or have recently ended) one-to-one therapy for at least six sessions that include face-to-face with a therapist and via the videoconferencing medium (via Skype, e.g.).
- The clients will be invited to attend an interview, which will be audio recorded take place in either at their home setting, the University of Roehampton or private rooms in British/Senate House Libraries.
- During the interview, participants will be asked about their decision-making process to engage in videoconferencing therapy, and asked to reflect on their experience of it compared to face-to-face therapy.
- Following the interview, participants will be debriefed and encouraged to discuss any thoughts and feelings that have arisen from the interview process. The entire interview and debrief should take between 60 and 90 minutes, but might be shorter than this.

Who has been given consent for you to take part?

You will be sent a consent form in order to take part in this project. The therapist who has referred this researcher to you has also been given a consent form for their participation in this project.
Data collection will not begin until consent has been obtained from all relevant parties. All consenting parties will have a right to withdraw consent at any stage of the research.

Potential risks and benefits

Some participants may experience some discomfort answering questions about their personal therapy. If a participant does experience any discomfort due to participation in this research, they will be able to miss out questions or to withdraw from the study without providing a reason. Many clients find it useful to reflect on their personal experiences in therapy both on and offline. The information gathered from this research will contribute towards improving our understanding of and the provision of counselling services for older clients across many settings.

Possible reasons for exclusion

The researcher may need to exclude potential participants for various reasons including:

- Age, participants in this study need to be at least 60 years old.
- Number of sessions received. Participants in this study need to have received at least six sessions and should have received both online and face-to-face counselling.

In some cases it may be that the service, or a therapist within it, advises that it is not appropriate for clients to participate in this research at this time.

Confidentiality and anonymity

All information provided will be kept confidential, and only accessible to members of the research team. All collection, storage and processing of data will comply with the principles of the Data Protection Act 1998, and has been approved under the procedures of the University of Roehampton Ethics Committee. All of the information provided will be stored securely and, where possible, anonymised. Under no circumstances will identifiable responses be provided to any third party. All data generated from this study will be stored securely to the highest possible standard of confidentiality. Transcribed data will be anonymised (meaning all identifying information will be removed), to ensure that individuals are not identifiable should the research be published. It may be possible that data collected is used for future research. Confidentiality may need to be broken if participants discloses risk of harm to themselves or others.

If you have any further questions or concerns, please contact Joshua Bourne (primary investigator):

Primary Investigator Contact Details:

Joshua Bourne
Department of Psychology
Whitelands College, Holybourne Avenue
London, UK SW15 5PU
Email: bournej@roehampton.ac.uk
Phone: +44 (0)7596560449

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

Director of Studies Contact Details:

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Head of Department Contact Details:

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Appendix F: Interview guide

Interview Guide

Topic: Let's talk about the time you first experienced engaging in therapy over Skype/videoconferencing medium.

Follow-Up: Can you say anything more about that?

Topic: What feelings did you have about Skype therapy/videoconferencing medium prior to using it?

Follow-Up: These feelings can be good, bad or just cover your concerns or appreciations about.

Topic: How would you describe your relationship with your counsellor on Skype/videoconferencing and also offline?

Follow-Up: Can you tell me more?

Topic: When in session, as you are on the computer looking at the screen and at your counsellor, do you find yourself solely focussed and present on what is being said?

Follow-Up: Can you describe any specific examples of this?

Topic: How do you compare this experience of interacting with your counsellor via the computer compared to working with him/her face-to-face?

Topic: What might make you prefer counselling over Skype/videoconferencing or face-to-face?

Follow-Up: Can you elaborate a bit more as to why you feel this way?

Topic: What do you feel that face-to-face counselling has to offer yourself as a client rather than interacting with your counsellor over Skype/videoconferencing medium?

Follow-Up: And vice-versa?

Topic: Did you find ending your session on Skype/videoconferencing with your counsellor easy or difficult?

Follow-Up: Can you tell me more about why it was easy or difficult?

Interviews are expected to last up to 60 minutes, though may be longer.

Appendix G: Participation consent form

PARTICIPANT CONSENT FORM

Title of research project: *The Experience of Videoconferencing and Face-to-Face Counselling From an Older Client's Perspective: An Interpretive Phenomenological Analysis (IPA) Study.*

Brief description of research project and what participation involves: This project aims to explore eight older clients' experience in therapy via both face-to-face and videoconferencing (Skype, e.g.) methods and will help us improve our understanding of how videoconferencing therapy differs for older clients particularly when reflecting on their experience with face-to-face therapy and how clients experience using videoconferencing technology like Skype in therapy. The participants will be invited to attend an interview, which will be audio recorded and may last between 60 and 90 minutes. The interview will take place in either at their home setting, the University of Roehampton or private rooms in British/Senate House Libraries. During the interview, participants will be asked about their decision-making process to engage in videoconferencing therapy, and asked to reflect on their experience of it compared to face-to-face therapy.

Consent Statement: I agree to voluntarily participate in this research project which includes an audio interview, and am aware that I am free to withdraw at any point without any reason by providing the assigned participant ID number. I understand that the information provided will be treated in confidence by the primary investigator and that my identity will be protected in any publication of the findings, and data will be collected and processed in accordance with the Data Protection Act (1998), Roehampton University's Data Protection Policy and with the 2015 British Psychological Society guidelines. It may be possible that data collected may be used for future research. I agree for interviews to be audio recorded and transcribed by the researcher, and for anonymised material to be used in the preparation of a thesis and accompanying papers and presentations. I also understand that if I disclose a desire to harm myself or another, the researcher may need to ensure that I receive further support and confidentiality may need to be broken.

Name …….

Signature ……

Date ……

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). However, if you would like to contact an independent party please contact the Head of Department.

Primary Investigator:

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Appendix H: Debrief form

DEBRIEF FORM

Thank you for taking part today and for your valuable contribution to this research project.

The purpose of this research
The aim in talking to you today was to find out more about your experiences of counselling, through videoconferencing technology and comparing that to your face-to-face experience.

The reason for doing this research was to improve our understanding of what therapy through both of these media is actually like for older clients, and while also getting a sense of their relationships with their therapists both on and offline. We also wanted to get a better understanding of how you ended up choosing to engage with therapists via videoconferencing and what that process was like for you.

Post-interview debrief
Sometimes during an interview, people get thoughts, feelings, concerns, or questions that they want to talk about.

If you think of any questions you would like to ask once I have gone, or if you need further support, your therapist can be a good starting point of contact. However, if more assistance is needed, then you can ask to speak to Paul Dickerson, Director of Studies, Diane Bray, the head of the Psychology department who is an independent party or contact me:

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